

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines UnitedHealth Group Incorporated PAC (United for Health)

ADDRESS (number and street) 9900 Bren Road East Check if different than previously reported. (ACC) Minnetonka MN 55343

2. FEC IDENTIFICATION NUMBER C00274431 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 10 14 2010 through 11 22 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Susan Sherwood

Signature of Treasurer Electronically Filed by Susan Sherwood Date 12 06 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 8 columns and 1 row. Office Use Only. FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		177649.83
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	78647.31									
(c) Total Receipts (from Line 19) .....	53504.80	437037.28								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	132152.11	614687.11								
7. Total Disbursements (from Line 31) .....	49850.00	532385.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	82302.11	82302.11								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

UnitedHealth Group Incorporated PAC (United for Health)

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	50724.46	362947.45
(ii) Unitemized .....	2780.34	54489.83
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	53504.80	417437.28
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	53504.80	417437.28
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	4600.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	15000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	53504.80	437037.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	53504.80	437037.28

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32000.00	381200.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	17850.00	151185.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	49850.00	532385.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49850.00	532385.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 131

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	53504.80	417437.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	53504.80	417437.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 131  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
Judah C. Sommer

Mailing Address 701 Pennsylvania Ave NW  
Suite 530/650

City Washington State DC Zip Code 20004-2606

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Public Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 26 / 2010  
**Transaction ID: 32511178**  
Amount of Each Receipt this Period 5000.00

**B.**

Full Name (Last, First, Middle Initial)  
MOLLIE CHAPMAN

Mailing Address 226 BERNARD DR

City MONROE State OH Zip Code 45050

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Assoc Dir Network Contracting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 22 / 2010  
**Transaction ID: PR1159790525096**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
KEN L HOVERMAN

Mailing Address 16221 SIERRA DE AVILA

City TAMPA State FL Zip Code 33613

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation VP Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 22 / 2010  
**Transaction ID: PR1159790925096**  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5060.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 131

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
PAMELA A TULUMELLO

Mailing Address 17715 N 68TH DRIVE

City State Zip Code  
GLENDALE AZ 85308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir Claims Quality

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1159793125096

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
DEBORAH S STREB

Mailing Address 2201 NORTH STAR ROAD

City State Zip Code  
UPPER ARLINGTON OH 43221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir Project Management

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1159794125096

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
ANTHONY J KAZLAUSKAS

Mailing Address 11 CARNIVAL TERRACE

City State Zip Code  
WEST WARWICK RI 02893

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Sr Medical Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1159794625096

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

120.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 131  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
CARLA M MUGGIO

Mailing Address 3533 FAIR OAKS LANE

City State Zip Code  
LONGBOAT KEY FL 34228

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Network Contract Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1159798225096

Amount of Each Receipt this Period  
57.69

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
HERBERT L WHETSTINE

Mailing Address 22351 WAGONWHEEL TRA

City State Zip Code  
LAKEVILLE MN 55044

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir Aviation & Corp Pilots

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 221.03

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1159803625096

Amount of Each Receipt this Period  
28.83

P/R Deduction (\$9.61 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
BRIAN R BELLOWS

Mailing Address 10 SHADOWOOD LANE

City State Zip Code  
TRUMBULL CT 06611

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir Bus Dvlp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1159803825096

Amount of Each Receipt this Period  
45.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **131.52**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 131  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
KEITH W NOBLITT

Mailing Address 122 SOUTH OAK POINTE DR

City State Zip Code  
SENECA SC 29672

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Strategic Client Exec-Uniprise

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1159805525096

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
JAMES S ELLISTON

Mailing Address 302 S 52ND ST

City State Zip Code  
OMAHA NE 68132

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Assoc Dir Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1159805925096

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
JAMES S WATSON III

Mailing Address 6520 SHENANDOAH DR

City State Zip Code  
LINCOLN NE 68510

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Govt Rel Assoc Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1159806025096

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **165.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 131

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) MARILYN C NEVIN		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 4336 BROWDALE		<b>Transaction ID:</b> PR1159807425096
	City SAINT LOUIS PARK	State MN	Zip Code 55424
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Finance	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) NANCY C ABELMANN		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 3120 CHELSEA COURT		<b>Transaction ID:</b> PR1159809125096
	City BURNSVILLE	State MN	Zip Code 55337
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 40.38
	Name of Employer UnitedHealth Group, Inc.	Occupation Dir Tax	P/R Deduction (\$13.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 309.58		

<b>C.</b>	Full Name (Last, First, Middle Initial) WILLIAM P WHITELY		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 2657 WOODBRIDGE RD		<b>Transaction ID:</b> PR1159812625096
	City WAYZATA	State MN	Zip Code 55391
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 576.90
	Name of Employer UnitedHealth Group, Inc.	Occupation Senior Vice President	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4422.90		

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

647.28

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 131  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
WAYNE F COOK

Mailing Address 1200 PEBBLE HILL ROAD

City State Zip Code  
DOYLESTOWN PA 18901

FEC ID number of contributing federal political committee. **C**

Name of Employer United HealthGroup Occupation President Insurance Solutions

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1380.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1159812825096

Amount of Each Receipt this Period  
180.00

P/R Deduction (\$60.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
DAVID S WICHMANN

Mailing Address 7000 ANTRIM ROAD

City State Zip Code  
EDINA MN 55439

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation EVP & Pres UHG Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4422.90

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1159814725096

Amount of Each Receipt this Period  
576.90

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
PATRICK J ERLANDSON

Mailing Address 2407 LAKE PLACE

City State Zip Code  
MINNEAPOLIS MN 55405

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation SVP Business Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4422.90

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1159815925096

Amount of Each Receipt this Period  
576.90

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1333.80**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 131  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
PATRICIA R SAURO

Mailing Address 8943 HIDDEN MEADOW R

City State Zip Code  
WOODBURY MN 55125

FEC ID number of contributing federal political committee. **C**

Name of Employer: United HealthGroup, Inc. Occupation: Business Segment CAO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2380.00

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR1159816425096

Amount of Each Receipt this Period: 180.00

P/R Deduction (\$60.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM A MUNSELL

Mailing Address 2119 WINDSONG CIRCLE

City State Zip Code  
WAYZATA MN 55391

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: EVP UnitedHealth Group

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR1159816625096

Amount of Each Receipt this Period: 300.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
JOHN S PENSHORN

Mailing Address 120 BLACK OAKS LANE

City State Zip Code  
WAYZATA MN 55391

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: SVP UnitedHealth Group

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3869.10

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR1159816925096

Amount of Each Receipt this Period: 576.90

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1056.90

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
PAUL D KALLMEYER

Mailing Address 468 HERALD DR

City State Zip Code  
AMBLER PA 19002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
United HealthGroup Deputy General Counsel (Mgr)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR1159817425096  
Amount of Each Receipt this Period: 150.00  
P/R Deduction (\$50.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
TIMOTHY F RYAN

Mailing Address 4913 BRUCE AVE

City State Zip Code  
EDINA MN 55424

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group Business Segment Gen Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 437.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR1159817925096  
Amount of Each Receipt this Period: 57.00  
P/R Deduction (\$19.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
THOMAS J QUIRK

Mailing Address 4307 BEECHWOOD LANE

City State Zip Code  
DALLAS TX 75220

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group Health Plan CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1807.68

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR1159819125096  
Amount of Each Receipt this Period: 300.00  
P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 507.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 131  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
REED V TUCKSON, M.D.

Mailing Address 3501 ZENITH AVE SOUTH

City State Zip Code  
MINNEAPOLIS MN 55416

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group EVP Consumr Health & Med Care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2653.74

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1159819825096

Amount of Each Receipt this Period  
346.14

P/R Deduction (\$115.38 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
DAVID J FALK

Mailing Address 323 LAWRENCE AVE

City State Zip Code  
HIGHLAND PARK NJ 08904

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 287.50

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1159820225096

Amount of Each Receipt this Period  
37.50

P/R Deduction (\$12.50 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
WILLIAM C TRACY

Mailing Address 13016 CANTERBURY

City State Zip Code  
LEAWOOD KS 66209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Health Plan CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1327.10

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1159821525096

Amount of Each Receipt this Period  
173.10

P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **556.74**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 131  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
MICHAEL M HAWKINS

Mailing Address 11137 AMESITE TRAIL

City State Zip Code  
AUSTIN TX 78726

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Sr Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.42

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR1159822025096  
 Amount of Each Receipt this Period: 34.62  
 P/R Deduction (\$11.54 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
CAROL M SCHNEEWEIS

Mailing Address 16907 49TH PLACE N

City State Zip Code  
PLYMOUTH MN 55446

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Medical & Clinical Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR1159823525096  
 Amount of Each Receipt this Period: 75.00  
 P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
RICHARD J MIGLIORI

Mailing Address PO BOX 72

City State Zip Code  
WAYZATA MN 55391

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: SVP Bus Initiatives & Clin Aff

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1769.16

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR1159827425096  
 Amount of Each Receipt this Period: 230.76  
 P/R Deduction (\$76.92 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **340.38**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
BARBARA C BUENEMANN

Mailing Address 128 ROSEBROOK DR

City State Zip Code  
FLORISSANT MO 63031

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir Customer Service

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.42

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1159828725096

Amount of Each Receipt this Period  
34.62

P/R Deduction (\$11.54 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
JEANNINE M RIVET

Mailing Address 4305 TRILLIUM WAY

City State Zip Code  
MINNETRISTA MN 55364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. EVP UnitedHealth Group

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4422.90

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1159830025096

Amount of Each Receipt this Period  
576.90

P/R Deduction (\$192.30 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
JACK E SHUFF

Mailing Address 6385 SPINNAKER LANE

City State Zip Code  
ALPHARETTA GA 30005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. SB RVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1159830525096

Amount of Each Receipt this Period  
57.69

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **669.21**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 131  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
JOHN F STEVENSON  
 Mailing Address 5 BARBERRY DRIVE  
 City State Zip Code  
 BURLINGTON CT 06013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UnitedHealth Group, Inc. Sr Associate General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.40  
 Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR1159839325096  
 Amount of Each Receipt this Period 29.40  
 P/R Deduction (\$9.80 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
JILL WINTERS  
 Mailing Address 16 SPOEDE LN  
 City State Zip Code  
 SAINT LOUIS MO 63141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UnitedHealth Group, Inc. VP General Management  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1242.00  
 Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR1159840425096  
 Amount of Each Receipt this Period 162.00  
 P/R Deduction (\$54.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
Mr. ANTHONY WELTERS  
 Mailing Address 919 SAIGON ROAD  
 City State Zip Code  
 MCLEAN VA 22102  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 UnitedHealth Group, Inc. EVP UnitedHealth Group  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4422.90  
 Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR1332013225096  
 Amount of Each Receipt this Period 576.90  
 P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **768.30**  
**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 131  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
MICHAEL J BRESOLIN

Mailing Address 121 W VIEW STREET

City State Zip Code  
LOMBARD IL 60148

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir Care Advocacy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1551005725096

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
TIMOTHY J HEADY

Mailing Address 19019 VOGEL FARM TRAIL

City State Zip Code  
EDEN PRAIRIE MN 55347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. SVP Pharmacy Benefit Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1445.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1551122525096

Amount of Each Receipt this Period  
225.00

P/R Deduction (\$75.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
CHRISTOPHER R HOCK

Mailing Address 215 WINDMILL HILL

City State Zip Code  
WETHERSFIELD CT 06109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir General Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.42

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1551128925096

Amount of Each Receipt this Period  
34.62

P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **319.62**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
 UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b> Full Name (Last, First, Middle Initial) LISA G G HOLUBEC</p> <p>Mailing Address 1303 SALADO DRIVE</p> <p>City State Zip Code ALLEN TX 75013</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Assoc Dir Med &amp; Clinical Ops</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">345.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 2 2 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> PR1551129225096</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">45.00</span></p> <p>P/R Deduction (\$15.00 Bi-Weekly)</p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) JEFFREY W KAGAN</p> <p>Mailing Address 52 CRESTWOOD LANE</p> <p>City State Zip Code FARMINGVILLE NY 11738</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: VP</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">460.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 2 2 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> PR1551132325096</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">60.00</span></p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) GERALD JOHN KNUTSON</p> <p>Mailing Address 520 KIMBERLY LN N</p> <p>City State Zip Code PLYMOUTH MN 55447</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Business Segment CFO</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">460.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 1 / 2 2 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> PR1551132525096</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">60.00</span></p> <p>P/R Deduction (\$20.00 Bi-Weekly)</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">165.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 131  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
MICHAEL C MATTEO

Mailing Address 25 JEREMIAHS WAY

City SOUTH GLASTONBURY State CT Zip Code 06073

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation CEO National Accounts

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR1551133425096

Amount of Each Receipt this Period 57.69

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
DAWN M OWENS

Mailing Address 2119 E LAKE OF THE ISLES PKWY

City MINNEAPOLIS State MN Zip Code 55405

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Business Segment CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR1551160325096

Amount of Each Receipt this Period 300.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
ERIKA A ROGERS

Mailing Address 2449 GUYNN AVENUE

City CHICO State CA Zip Code 95926

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Strategic Client Exec-Uniprise

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR1551160725096

Amount of Each Receipt this Period 30.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 387.69

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
THOMAS J VALERIUS

Mailing Address 2820 DEER RUN TRAIL

City State Zip Code  
LONG LAKE MN 55356

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. VP Recruitment Svcs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1769.16

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1551161325096

Amount of Each Receipt this Period  
230.76

P/R Deduction (\$76.92 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
LOIS T WEIHRAUCH

Mailing Address 10392 SHERMAN DRIVE

City State Zip Code  
EDEN PRAIRIE MN 55347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. VP General Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1242.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1551161425096

Amount of Each Receipt this Period  
162.00

P/R Deduction (\$54.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
JOHN O ENDERLE

Mailing Address 31 ANDREIS TRAIL

City State Zip Code  
SOUTH WINDSOR CT 06074

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Regional Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1265.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1554323525096

Amount of Each Receipt this Period  
165.00

P/R Deduction (\$55.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **557.76**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
CHRISTINE MCCARTNEY HARRIS

Mailing Address 25 JUSTIN LANE

City State Zip Code  
WETHERSFIELD CT 06109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir Claims

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1554323625096

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
RICK M JELINEK

Mailing Address 5570 WOODSIDE LANE

City State Zip Code  
SHOREWOOD MN 55331

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Business Segment CEO

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 4422.90

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1554323925096

Amount of Each Receipt this Period  
576.90

P/R Deduction (\$192.30 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MICHAEL RADU

Mailing Address 42820 VIOLA CT

City State Zip Code  
LEESBURG VA 20176

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. VP Operations

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1242.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1554324525096

Amount of Each Receipt this Period  
162.00

P/R Deduction (\$54.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 768.90

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 131  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
CATHERINE E SPILLANE

Mailing Address 3807 PLEASANT VALLEY DRIVE

City Missouri City State TX Zip Code 77459

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Dir Business Process

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR1554324625096

Amount of Each Receipt this Period 57.69

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
KIRK E STAPLETON

Mailing Address 3840 INGLEWOOD AVE S

City Saint Louis Park State MN Zip Code 55416

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation VP Network Programs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR1554324725096

Amount of Each Receipt this Period 150.00

P/R Deduction (\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
KAREN L ERICKSON

Mailing Address 15348 RED OAKS ROAD SE

City Prior Lake State MN Zip Code 55372

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation SVP Corporate Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4422.90

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR1575957625096

Amount of Each Receipt this Period 576.90

P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **784.59**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 131  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
ERNEST MONFILETTO

Mailing Address 3062 COMFORT ROAD

City State Zip Code  
NEW HOPE PA 18938

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Plan President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1769.16

Date of Receipt 11 / 22 / 2010

Transaction ID: PR1575958125096

Amount of Each Receipt this Period 230.76

P/R Deduction (\$76.92 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
LEE D VALENTA

Mailing Address 4701 GOLF TERRACE

City State Zip Code  
EDINA MN 55424

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Business Segment COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4422.90

Date of Receipt 11 / 22 / 2010

Transaction ID: PR1575958525096

Amount of Each Receipt this Period 576.90

P/R Deduction (\$192.30 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
DAVID B OSTLER

Mailing Address 11804 WATERFORD ROAD

City State Zip Code  
EDEN PRAIRIE MN 55347

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation SVP IBS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 22 / 2010

Transaction ID: PR1580864625096

Amount of Each Receipt this Period 30.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **837.66**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
THOMAS S PAUL

Mailing Address 2006 QUEEN AVENUE SOUTH

City State Zip Code  
MINNEAPOLIS MN 55405

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Business Segment COO

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1807.68

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1580864725096

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
ROBERT THOMAS WEBB

Mailing Address 4516 DREXEL AVENUE

City State Zip Code  
EDINA MN 55424

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. CEO Care Solutions

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 4422.90

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1580865325096

Amount of Each Receipt this Period  
576.90

P/R Deduction (\$192.30 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
RICHARD J HUGHES

Mailing Address 735 SAINT MORITZ

City State Zip Code  
VICTORIA MN 55386

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. VP Human Capital Dvlpmt

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1760.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1596304125096

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1176.90

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 131

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
JOHN KING

Mailing Address 1 EDEN HILL LANE

City State Zip Code  
SOUTHWICK MA 01077

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. VP Sales - Uniprise

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1596304425096

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
GAYE ADAMS MASSEY

Mailing Address 11641 TANGLEWOOD DRIVE

City State Zip Code  
EDEN PRAIRIE MN 55347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Sr Deputy General Counsel

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2653.74

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1596304525096

Amount of Each Receipt this Period

346.14

P/R Deduction (\$115.38 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
JAY S MATUSHAK

Mailing Address 9346 SHETLAND ROAD

City State Zip Code  
EDEN PRAIRIE MN 55347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. VP Healthcare Econ

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 265.42

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1596304625096

Amount of Each Receipt this Period

34.62

P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

410.76

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
GEORGE L MIKAN III

Mailing Address 4901 ROLLING GREEN PARKWAY

City State Zip Code  
EDINA MN 55436

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: EVP CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4422.90

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR1596304825096  
Amount of Each Receipt this Period: 576.90  
P/R Deduction (\$192.30 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
CAROL B MORNESS

Mailing Address 401 N 2ND ST UNIT 512

City State Zip Code  
MINNEAPOLIS MN 55401

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 884.58

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR1596304925096  
Amount of Each Receipt this Period: 115.38  
P/R Deduction (\$38.46 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
SCOTT E THEISEN

Mailing Address 1950 MEADOWWOODS TRAIL

City State Zip Code  
LONG LAKE MN 55356

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: SVP Product Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR1596305625096  
Amount of Each Receipt this Period: 57.69  
P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **749.97**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 131  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial) THOMAS D LEWIS		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 306 CHIPPEWA AVENUE		<b>Transaction ID:</b> PR1596306925096
City TAMPA	State FL	Zip Code 33606
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 115.38
Name of Employer UnitedHealth Group, Inc.	Occupation Health Plan CEO	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 884.58	

**B.**

Full Name (Last, First, Middle Initial) ROBERT W OBERRENDER		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 4505 MOORLAND AVENUE		<b>Transaction ID:</b> PR1596307025096
City EDINA	State MN	Zip Code 55424
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 330.00
Name of Employer UnitedHealth Group, Inc.	Occupation SVP Treasurer	P/R Deduction (\$110.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2050.00	

**C.**

Full Name (Last, First, Middle Initial) DIANE BEDNAR FLYNN		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 3318 FOXRIDGE CIRCLE		<b>Transaction ID:</b> PR1596309725096
City TAMPA	State FL	Zip Code 33618
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	520.38
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 131

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
RAMON E COTO

Mailing Address 14021 LEANING PINE DRIVE

City State Zip Code  
MIAMI LAKES FL 33014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. VP General Management

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 442.29

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1596311525096

Amount of Each Receipt this Period

57.69

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
JEFFREY P DOOLEY

Mailing Address 306 W MEADOWS LANE

City State Zip Code  
DANVILLE CA 94506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. KA VP Sales and Account Mgmt

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 265.42

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1596312125096

Amount of Each Receipt this Period

34.62

P/R Deduction (\$11.54 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
RICHARD G DUNLOP

Mailing Address 2964 WYSE COURT

City State Zip Code  
LEWIS CENTER OH 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Chief of Staff

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1596312325096

Amount of Each Receipt this Period

30.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

122.31

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 131

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
STEVAN D GARCIA

Mailing Address 4675 DELAWARE DRIVE

City State Zip Code  
LARKSPUR CO 80118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. VP General Management

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 442.29

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1596312925096

Amount of Each Receipt this Period

57.69

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
KURT A HEUMANN

Mailing Address 9825 GERALD DR

City State Zip Code  
SAINT LOUIS MO 63128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir Finance

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1596313725096

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
JOHN H RENNICK JR

Mailing Address 3220 LAKEWOOD EDGE DRIVE

City State Zip Code  
CHARLOTTE NC 28269

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Medical Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 442.29

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1596316825096

Amount of Each Receipt this Period

57.69

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

175.38

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 131  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial) STEPHAN S RODGERS		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 3455 CONGRESS STREET		<b>Transaction ID:</b> PR1596317125096
City FAIRFIELD	State Zip Code CT 06824	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 576.90
Name of Employer UnitedHealth Group, Inc.	Occupation SVP Healthcare Strategies	P/R Deduction (\$192.30 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4422.90	

**B.**

Full Name (Last, First, Middle Initial) DANIEL I ROSENTHAL		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 109 SLEEPY HOLLOW LANE		<b>Transaction ID:</b> PR1596317325096
City ORINDA	State Zip Code CA 94563	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 57.69
Name of Employer UnitedHealth Group, Inc.	Occupation Health Plan CEO	P/R Deduction (\$19.23 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.29	

**C.**

Full Name (Last, First, Middle Initial) KEVIN J RUTH		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 16621 ALEXANDER MANOR DRIVE		<b>Transaction ID:</b> PR1596317425096
City SILVER SPRING	State Zip Code MD 20905	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 225.00
Name of Employer UnitedHealth Group, Inc.	Occupation SVP Enterprise Clinical Alignm	P/R Deduction (\$75.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1725.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	859.59
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 131  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
MANUEL A SELVA

Mailing Address 7602 NW 127TH MANOR

City State Zip Code  
PARKLAND FL 33076

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR1596317725096

Amount of Each Receipt this Period: 57.69

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
ROXANNE THOMAS

Mailing Address 720 COUNTRY LAKES DR

City State Zip Code  
CIRCLE PINES MN 55014

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Product Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.42

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR1596318925096

Amount of Each Receipt this Period: 34.62

P/R Deduction (\$11.54 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
CHRIS B TURNAU

Mailing Address PO BOX 43216  
3741 DUNBAR KNOLL

City State Zip Code  
BROOKLYN PARK MN 55443

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Dir Tax

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR1596319125096

Amount of Each Receipt this Period: 30.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **122.31**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
 UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) FRANK M VIERLING	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address N5021 GREENS COULEE	<b>Transaction ID:</b> PR1596319425096
	City State Zip Code ONALASKA WI 54650	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. Dir General Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) M LAURIE WASSERSTEIN	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 92 GOODWIN CIRCLE	<b>Transaction ID:</b> PR1596319525096
	City State Zip Code HARTFORD CT 06105	Amount of Each Receipt this Period 57.69
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$19.23 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. PS National VP Account Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 442.29	

<b>C.</b>	Full Name (Last, First, Middle Initial) MYRON R WERLEY	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 4260 FOXBERRY COURT	<b>Transaction ID:</b> PR1596319625096
	City State Zip Code MEDINA MN 55340	Amount of Each Receipt this Period 37.50
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$12.50 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. Dir Underwriting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 287.50	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>125.19</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM R WILSON

Mailing Address 7 CLIFFORD AVENUE

City State Zip Code  
TOLLAND CT 06084

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1596320025096

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
JANET P WRIGHT

Mailing Address 7310 WELLS RD

City State Zip Code  
PLAIN CITY OH 43064

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Mgr IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1596320125096

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
JOHN P DODDY

Mailing Address 1 ROXITICUS VIEW

City State Zip Code  
CHESTER NJ 07930

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. VP Information Technology

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1600597325096

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL D MICHAUX

Mailing Address 742 GOODRICH AVE

City SAINT PAUL State MN Zip Code 55105

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Acquisitions & Integrations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1592.32

Date of Receipt: 11 / 22 / 2010

**Transaction ID:** PR1600598525096

Amount of Each Receipt this Period: 300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
LEWIS G SANDY

Mailing Address 4800 SUNNYSLOPE ROAD E

City EDINA State MN Zip Code 55424

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: SVP Clinical Advancement

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2125.00

Date of Receipt: 11 / 22 / 2010

**Transaction ID:** PR1600598725096

Amount of Each Receipt this Period: 300.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
MATTHEW W PETERSON

Mailing Address 20595 SPENCER LANE

City SHOREWOOD State MN Zip Code 55331

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Market Group CAO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1580.00

Date of Receipt: 11 / 22 / 2010

**Transaction ID:** PR1602669925096

Amount of Each Receipt this Period: 300.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 900.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 131

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
JEFFREY W MALONEY

Mailing Address 18076 CLEAR SPRING LANE

City State Zip Code  
EDEN PRAIRIE MN 55347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. VP Operations - Evercare

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2211.45

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1613243525096

Amount of Each Receipt this Period  
288.45

P/R Deduction (\$96.15 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
LINDA L CULLEN

Mailing Address 441 E N BROADWAY

City State Zip Code  
COLUMBUS OH 43214

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Assoc Dir Regulatory Affairs

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1632359725096

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
DANIEL S WALLER

Mailing Address 17034 BAINBRIDGE DR

City State Zip Code  
EDEN PRAIRIE MN 55347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir Finance

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1632360025096

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

**348.45**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM F KENNEDY  
Mailing Address 14 MYRA LN  
City BURLINGTON State CT Zip Code 06013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Dir IT Project Mgmt  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00  
Date of Receipt 11 / 22 / 2010  
Transaction ID: PR1653443125096  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
STEVE R KOOREN  
Mailing Address 4444 ELLSWORTH DRIVE  
City EDINA State MN Zip Code 55435  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Business Segment CFO  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 3615.24  
Date of Receipt 11 / 22 / 2010  
Transaction ID: PR1653443225096  
Amount of Each Receipt this Period 576.90  
P/R Deduction (\$192.30 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
THOMAS J BELLAMY  
Mailing Address 2743 THOMAS AVENUE SOUTH  
City MINNEAPOLIS State MN Zip Code 55416  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation SB VP Sales and Account Mgmt  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1327.10  
Date of Receipt 11 / 22 / 2010  
Transaction ID: PR1653444325096  
Amount of Each Receipt this Period 173.10  
P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 810.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
ROBERT L HOLMAN

Mailing Address N12464 HORSESHOE BEND RD

City State Zip Code  
MINONG WI 54859

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir Provider Reimb

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1653445025096

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
ALISTAIR D JACQUES

Mailing Address 645 OLD LONG LAKE ROAD

City State Zip Code  
ORONO MN 55391

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group UHG IT CIO Org Sr Mgmt

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2884.50

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1653445225096

Amount of Each Receipt this Period  
576.90

P/R Deduction (\$192.30 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
DANIEL T SULLIVAN

Mailing Address 57 QUORN HUNT ROAD

City State Zip Code  
WEST SIMSBURY CT 06092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir IT Project Mgmt

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 265.42

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR1653445825096

Amount of Each Receipt this Period  
34.62

P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **641.52**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 131  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
Mr. MILES S SNOWDEN

Mailing Address 3568 REMBRANDT ROAD

City ATLANTA State GA Zip Code 30327

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation SVP Health Advancement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4422.90

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR1746717825096

Amount of Each Receipt this Period 576.90

P/R Deduction (\$192.30 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
ANN DESTWOLINSKI

Mailing Address 19117 ARTESIAN COURT

City DERWOOD State MD Zip Code 20855

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Assoc Dir Utilization Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 253.00

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR1806441625096

Amount of Each Receipt this Period 33.00

P/R Deduction (\$11.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
JASON DUDASH

Mailing Address 2918 BACHMAN RD

City MANCHESTER State MD Zip Code 21102

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Mgr Applications Dvlpmnt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR1806441925096

Amount of Each Receipt this Period 30.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **639.90**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
JEFF L LEVINE

Mailing Address 619 BOND AVE

City REISTERSTOWN State MD Zip Code 21136

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: PS Mgr Acct Mgmt (FEHBP)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 11 / 22 / 2010

**Transaction ID:** PR1806443225096

Amount of Each Receipt this Period: 60.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
WILLIAM TALAMANTES

Mailing Address 11618 ROLLING MEADOW DR

City GREAT FALLS State VA Zip Code 22066

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Six Sigma Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 404.80

Date of Receipt: 11 / 22 / 2010

**Transaction ID:** PR1806444725096

Amount of Each Receipt this Period: 52.80

P/R Deduction (\$17.60 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
LORI A ARCHER

Mailing Address 2781 SADDLE CLUB ROAD

City GREENWOOD State IN Zip Code 46143

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Provider Svc

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.42

Date of Receipt: 11 / 22 / 2010

**Transaction ID:** PR1806750125096

Amount of Each Receipt this Period: 34.62

P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 147.42

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 41 / 131</span> (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b> Full Name (Last, First, Middle Initial) GREGORY A BAYER</p> <p>Mailing Address 3369 STAGE COACH DR</p> <p>City State Zip Code LAFAYETTE CA 94549</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: CEO Behavioral Solutions</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">735.00</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p><b>Transaction ID:</b> PR1806750225096</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">35.00</span> </p> <p>P/R Deduction (\$35.00 Bi-Weekly)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	2		2	0	1	0												

<p><b>B.</b> Full Name (Last, First, Middle Initial) PAUL M EMERSON</p> <p>Mailing Address 13904 NEVADA AVE S</p> <p>City State Zip Code SAVAGE MN 55378</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Business Segment CFO</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">884.58</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p><b>Transaction ID:</b> PR1806750325096</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">115.38</span> </p> <p>P/R Deduction (\$38.46 Bi-Weekly)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	2		2	0	1	0												

<p><b>C.</b> Full Name (Last, First, Middle Initial) SHERRI C PINOTTI</p> <p>Mailing Address 416 BEAR AVE S</p> <p>City State Zip Code VADNAIS HEIGHTS MN 55127</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: UnitedHealth Group, Inc. Occupation: Dir IT</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">218.50</span></p>	<p>Date of Receipt  <table border="1" style="width: 100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table> </p> <p><b>Transaction ID:</b> PR1832039825096</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px; display: block; text-align: right;">28.50</span> </p> <p>P/R Deduction (\$9.50 Bi-Weekly)</p>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	2		2	0	1	0												

<p><b>SUBTOTAL</b> of Receipts This Page (optional) .....</p>	<span style="border: 1px solid black; padding: 5px; font-weight: bold;">178.88</span>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	<span style="border: 1px solid black; padding: 5px; display: block; min-height: 20px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 131

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
MICHELLE D LEDELL

Mailing Address 5115 SARATOGA LANE

City State Zip Code  
PLYMOUTH MN 55442

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Human Capital Partner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 920.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1882850625096

Amount of Each Receipt this Period  
120.00

P/R Deduction (\$40.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
CATHERINE K ANDERSON

Mailing Address 37 W 2000 S

City State Zip Code  
DRIGGS ID 83422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir Marketing Bus Dev

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1327.10

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1903550725096

Amount of Each Receipt this Period  
173.10

P/R Deduction (\$57.70 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
KATHLEEN L BISHOP

Mailing Address 145 COTTAGE RD

City State Zip Code  
ENFIELD CT 06082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir Finance

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR1903560825096

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

**353.10**

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) ROBERT J DUFEK	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 816 PROMONTORY PLACE	<b>Transaction ID:</b> PR1903577125096
	City State Zip Code EAGAN MN 55123	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UnitedHealth Group, Inc. Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00	P/R Deduction (\$25.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) SUSAN B EDBERG	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 9727 WELLINGTON RIDGE	<b>Transaction ID:</b> PR1903578125096
	City State Zip Code WOODBURY MN 55125	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UnitedHealth Group, Inc. Occupation VP Customer Service Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2300.00	P/R Deduction (\$100.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) CHRISTOPHER T JOHNSON	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 12880 53RD STREET NORTH	<b>Transaction ID:</b> PR1903591125096
	City State Zip Code STILLWATER MN 55082	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer UnitedHealth Group, Inc. Occupation Dir General Management Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00	P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>405.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 131  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
JOHN C SANTELLI

Mailing Address 17498 GEORGE MORAN DRIVE

City State Zip Code  
EDEN PRAIRIE MN 55347

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: SVP & CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1740.00

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR1903622025096

Amount of Each Receipt this Period: 300.00

P/R Deduction (\$100.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
PAUL D WEYMOUTH

Mailing Address 128 WOODLAND RD

City State Zip Code  
COVENTRY CT 06238

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR1903636925096

Amount of Each Receipt this Period: 57.69

P/R Deduction (\$19.23 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
PAMELA JAMIAN

Mailing Address 15316 COUTOLENC RD

City State Zip Code  
MAGALIA CA 95954

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Customer Service

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 265.42

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR1910417425096

Amount of Each Receipt this Period: 34.62

P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **392.31**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
BRADLEY E ALLEN

Mailing Address 1046 THORBERRY CREEK DR

City ONEIDA State WI Zip Code 54155

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Sr Associate General Counsel

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR2119466825096  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
JON D D BEATY

Mailing Address 12103 SE TURLEY PLACE

City HAPPY VALLEY State OR Zip Code 97086

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Dir Clinical Quality

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR2119467825096  
 Amount of Each Receipt this Period 30.00  
 P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
RUSSELL A BENNETT

Mailing Address 4 HALSEY AVE

City LAGUNA NIGUEL State CA Zip Code 92677

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Dir Marketing Bus Dev

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR2119468025096  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 131  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
SUSAN LYNN BERKEL

Mailing Address 10 SHADOW GLEN

City State Zip Code  
IRVINE CA 92620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. SVP Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4416.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2119468125096

Amount of Each Receipt this Period  
576.00

P/R Deduction (\$192.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
DAVID N N BOOHER

Mailing Address 14812 SUMMERBREEZE WY

City State Zip Code  
SAN DIEGO CA 92128

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Mgr Pharmacy Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2119468625096

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
KATHIE L BRYAN

Mailing Address 912 JOSHUA PLACE

City State Zip Code  
SAN DIEGO CA 92154

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Assoc Dir Mrkting Comm

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2119469425096

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **681.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
DANIEL P CADRIEL

Mailing Address 7156 W PARAISO DR

City State Zip Code  
GLENDALE AZ 85310

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation PS Dir. Strategic Accts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2119469825096  
Amount of Each Receipt this Period: 30.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
COLLEEN CAMPBELL

Mailing Address 5753 E SANTA ANA CYN RD # G502

City State Zip Code  
ANAHEIM CA 92807

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Assoc Dir Clinical Quality

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2119469925096  
Amount of Each Receipt this Period: 45.00  
P/R Deduction (\$15.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
DAVID S CARLSON

Mailing Address 13130 WESTPORT ST

City State Zip Code  
MOORPARK CA 93021

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Dir Marketing Research

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2119470225096  
Amount of Each Receipt this Period: 60.00  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 135.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) LESLIE J CARTER	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 19021 POPPY HILL CIRCLE	<b>Transaction ID:</b> PR2119470325096
	City State Zip Code HUNTINGTON BEACH CA 92648	Amount of Each Receipt this Period 288.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. Dir Network Contracting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2208.00	P/R Deduction (\$96.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) RANDELL J CORREIA	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address PO BOX 1025	<b>Transaction ID:</b> PR2119471325096
	City State Zip Code RANCHO SANTA FE CA 92067	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. VP Pharmacy Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 690.00	P/R Deduction (\$30.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) RICHARD A CROSS	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 11361 DONOVAN ROAD	<b>Transaction ID:</b> PR2119471825096
	City State Zip Code ROSSMOOR CA 90720	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation UnitedHealth Group, Inc. Deputy General Counsel (Mgr)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	P/R Deduction (\$25.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	453.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 131

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
KENNETH R DAVIS

Mailing Address 7640 N 10TH AVE

City State Zip Code  
PHOENIX AZ 85021

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Medical Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR211947252096

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
LINDA M DAYAN

Mailing Address 5364 E ABBEYFIELD ST

City State Zip Code  
LONG BEACH CA 90815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Chief of Staff

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 437.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2119472625096

Amount of Each Receipt this Period

57.00

P/R Deduction (\$19.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
TODD J DEMBROSKI

Mailing Address 1390 FINCH LN

City State Zip Code  
GREEN BAY WI 54313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Assoc Dir Actuarial Services

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2119472825096

Amount of Each Receipt this Period

45.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

162.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 131  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
ANDREA E DILWEG

Mailing Address 2321 CARROLL PK SOUTH

City State Zip Code  
LONG BEACH CA 90814

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Govt Rel Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 851.00

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR2119472925096

Amount of Each Receipt this Period: 111.00

P/R Deduction (\$37.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
TARA M DUNGAN

Mailing Address PO BOX 691354

City State Zip Code  
SAN ANTONIO TX 78269

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Mgr Medical & Clinical Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR2119473225096

Amount of Each Receipt this Period: 30.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
BRADLEY M FLUITT

Mailing Address 108 NORTH ROLLING OAKS

City State Zip Code  
SAN ANTONIO TX 78253

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR2119474125096

Amount of Each Receipt this Period: 30.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 171.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 / 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) ANGELO GIAMBRONE		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1821 PARK STREET		<b>Transaction ID:</b> PR2119475125096
	City HUNTINGTON BEACH	State CA	Zip Code 92648
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 180.00
	Name of Employer UnitedHealth Group, Inc.	Occupation VP Network Contracting	P/R Deduction (\$60.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1380.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) AMY J GILDERNICK		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 2709 WILLIAMS GRANT		<b>Transaction ID:</b> PR2119475225096
	City DE PERE	State WI	Zip Code 54115
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 60.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Assoc Dir Claims	P/R Deduction (\$20.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 460.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) SANDRA R GLICKMAN		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 13622 SIOUX RD		<b>Transaction ID:</b> PR2119475325096
	City WESTMINSTER	State CA	Zip Code 92683
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
	Name of Employer UnitedHealth Group, Inc.	Occupation Dir Case Mgmt	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	270.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 131  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
MARIA C GONZALES

Mailing Address 14111 PARKHURST

City State Zip Code  
SAN ANTONIO TX 78232

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Mgr Case Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2119475425096

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
DAVID M HANSEN

Mailing Address 33 VIA CONOCIDO

City State Zip Code  
SAN CLEMENTE CA 92673

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Health Plan CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3105.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2119476725096

Amount of Each Receipt this Period  
405.00

P/R Deduction (\$135.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
ANNE P HARVEY

Mailing Address 4916 THOR WAY

City State Zip Code  
CARMICHAEL CA 95608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Assoc Dir Provider Svc

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2119477225096

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **465.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 131  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
PAULINE M HAYES

Mailing Address PO BOX 839

City State Zip Code  
HUNTINGTON BEACH CA 92648

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Assoc Dir Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2119477425096

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
SAMUEL W HO

Mailing Address 4220 OCEAN DR

City State Zip Code  
MANHATTAN BEACH CA 90266

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Market Grp Chief Clinical Off

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2891.80

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2119477925096

Amount of Each Receipt this Period  
461.40

P/R Deduction (\$153.80 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
KEVIN D HOST

Mailing Address 6119 W 120TH ST #14-144

City State Zip Code  
OVERLAND PARK KS 66209

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir Pharmacy Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2119478225096

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **551.40**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 131  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial) DONNAL HUSER		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 406 SKYTRAIL DR		<b>Transaction ID:</b> PR2119478625096
City NEW BRAUNFELS	State Zip Code TX 78130	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 30.00
Name of Employer UnitedHealth Group, Inc.	Occupation Spvsr Claims	P/R Deduction (\$10.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

**B.**

Full Name (Last, First, Middle Initial) BRIAN JEFFREY		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 9 RIMROCK		<b>Transaction ID:</b> PR2119479125096
City IRVINE	State Zip Code CA 92603	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP Network Contracting	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

**C.**

Full Name (Last, First, Middle Initial) JOHN D JONES		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 3562 REDWOOD		<b>Transaction ID:</b> PR2119479225096
City IRVINE	State Zip Code CA 92606	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 288.00
Name of Employer UnitedHealth Group, Inc.	Occupation VP Govt Rel	P/R Deduction (\$96.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2208.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	393.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) MARK C KNUTSON		Date of Receipt
	Mailing Address 13102 PALOMAR WAY		<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	NORTH TUSTIN	CA	92705
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR2119480225096
Name of Employer UnitedHealth Group, Inc.		Occupation Dir Customer Service	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="345.00"/>	<input type="text" value="45.00"/>
			P/R Deduction (\$15.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) PAMELA S LEAL		Date of Receipt
	Mailing Address 8371 CLARKDALE		<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	HUNTINGTON BEACH	CA	92646
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR2119481025096
Name of Employer UnitedHealth Group, Inc.		Occupation Dir Network Contracting	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="230.00"/>	<input type="text" value="30.00"/>
			P/R Deduction (\$10.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) CHARLES E LEWIS		Date of Receipt
	Mailing Address 7417 S LAFAYETTE CR EAST		<input type="text" value="11"/> / <input type="text" value="22"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	CENTENNIAL	CO	80122
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR2119481525096
Name of Employer UnitedHealth Group, Inc.		Occupation Sales Market Leader - Medicare	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="230.00"/>	<input type="text" value="30.00"/>
			P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="105.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
SUSAN A LINDE  
Mailing Address 9845 JOEL CIRCLE  
City CYPRESS State CA Zip Code 90630  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Mgr Regulatory Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00  
Date of Receipt 11 / 22 / 2010  
Transaction ID: PR2119481825096  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
KATHRYN H LOURTIE  
Mailing Address 307 29TH STREET  
City HERMOSA BEACH State CA Zip Code 90254  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Assoc Project Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00  
Date of Receipt 11 / 22 / 2010  
Transaction ID: PR2119482125096  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
SANDY M LUEDKE  
Mailing Address 1208 COPRINUS DR  
City GREEN BAY State WI Zip Code 54313  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation IT Database Cnsltnt  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 345.00  
Date of Receipt 11 / 22 / 2010  
Transaction ID: PR2119482225096  
Amount of Each Receipt this Period 45.00  
P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 105.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
HEATHER M MACE-MEADOR

Mailing Address 13531 CARLTON OAKS

City State Zip Code  
SAN ANTONIO TX 78232

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir Healthcare Econ

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2119482525096

Amount of Each Receipt this Period 60.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
JEFFREY S MASON

Mailing Address 5670 SHEMIRAN ST

City State Zip Code  
LA VERNE CA 91750

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2119483025096

Amount of Each Receipt this Period 45.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
CHARLEEN M MILBURN

Mailing Address 3041 SAN LORENZO WAY

City State Zip Code  
CARMICHAEL CA 95608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Govt Rel Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1495.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2119483925096

Amount of Each Receipt this Period 195.00

P/R Deduction (\$65.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **300.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 131  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
BENITO M MIRANDA

Mailing Address PO BOX 1522

City LOMITA State CA Zip Code 90717

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Community Developer - Sec Hor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR2119484225096

Amount of Each Receipt this Period 36.00

P/R Deduction (\$12.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
NANCY J MONK

Mailing Address 12271 CHIANTI DRIVE

City LOS ALAMITOS State CA Zip Code 90720

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation VP Govt Affairs & Compl

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR2119484325096

Amount of Each Receipt this Period 150.00

P/R Deduction (\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
CAROLYN L MURRAY

Mailing Address 2288 BUFFALO RUN AVE

City LAS VEGAS State NV Zip Code 89123

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Acq Mgr Account Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR2119484825096

Amount of Each Receipt this Period 30.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 216.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 131  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
SCOTT A NEURURER

Mailing Address 9852 SILVRETTA DRIVE

City State Zip Code  
CYPRESS CA 90630

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: VP General Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 22 / 2010

Transaction ID: PR2119484925096

Amount of Each Receipt this Period: 30.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
KEITH E NYGARD

Mailing Address 1139 E OCEAN BOULEVARD #106

City State Zip Code  
LONG BEACH CA 90802

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Assoc Dir Compliance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 11 / 22 / 2010

Transaction ID: PR2119485025096

Amount of Each Receipt this Period: 60.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
TRACY L OLLMANN-WAGNER

Mailing Address 2839 TIMBER LANE

City State Zip Code  
GREEN BAY WI 54313

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Mgr Traffic/Workforce

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt: 11 / 22 / 2010

Transaction ID: PR2119485225096

Amount of Each Receipt this Period: 45.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 135.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) WILLIAM H OLSON	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1825 GALINDO AVE APT 416	<b>Transaction ID:</b> PR2119485325096
	City State Zip Code CONCORD CA 94520	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) CYNTHIA ANN OTTO	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 1855 O LEARY ROAD	<b>Transaction ID:</b> PR2119485425096
	City State Zip Code NEENAH WI 54956	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$15.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Assoc Dir Case Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 345.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) LYNDA A PAXSON	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 3924 E GARNET PL	<b>Transaction ID:</b> PR2119485825096
	City State Zip Code HIGHLANDS RANCH CO 80126	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$25.00 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Service Account Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 131  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
DIANA S PETE

Mailing Address 9010 MORNINGSTAR DRIVE

City State Zip Code  
SUGAR LAND TX 77479

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Assoc Dir Utilization Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt 11 / 22 / 2010  
Transaction ID: PR2119486325096  
Amount of Each Receipt this Period 36.00  
P/R Deduction (\$12.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MICHELLE LYNN PETERS

Mailing Address 1128 COUNTRYSIDE DR

City State Zip Code  
DE PERE WI 54115

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Assoc Dir Actuarial Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt 11 / 22 / 2010  
Transaction ID: PR2119486425096  
Amount of Each Receipt this Period 45.00  
P/R Deduction (\$15.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
AUSTIN T PITTMAN

Mailing Address 14 LOCH RIDGE DRIVE

City State Zip Code  
GREENSBORO NC 27408

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Chief Growth Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3105.00

Date of Receipt 11 / 22 / 2010  
Transaction ID: PR2119486725096  
Amount of Each Receipt this Period 405.00  
P/R Deduction (\$135.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 486.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
 UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) CYNTHIA L POLICH		Date of Receipt
	Mailing Address 3401 E VIA PALOMITA		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	TUCSON	AZ	85718
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR2119486825096
Name of Employer UnitedHealth Group, Inc.		Occupation Chief Strategy Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2300.00	<input type="text"/> 300.00
			P/R Deduction (\$100.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) SHARON A RICCIUTI		Date of Receipt
	Mailing Address 55 PERENNIAL		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	IRVINE	CA	92603
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR2119487925096
Name of Employer UnitedHealth Group, Inc.		Occupation Dir Clinical Quality	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 460.00	<input type="text"/> 60.00
			P/R Deduction (\$20.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) DEBBIE E ROGERS		Date of Receipt
	Mailing Address 413 DOE RUN RD		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	SEQUIM	WA	98382
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR2119488625096
Name of Employer UnitedHealth Group, Inc.		Occupation Sr Project Manager I	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	<input type="text"/> 30.00
			P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 390.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
CAROL A SCACCIA

Mailing Address 6093 TRINIDAD AVE

City State Zip Code  
CYPRESS CA 90630

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. KA New Bus Coord - PAC Region

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2119489325096

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MARTIN SING

Mailing Address 9407 LLANO VERDE

City State Zip Code  
HELOTES TX 78023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir Customer Service

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2119490125096

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
RONALD R STETTLER

Mailing Address 6028 SCOTMIST DR

City State Zip Code  
RANCHO PALOS VERDE CA 90275

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir Healthcare Econ

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2119490425096

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 90.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
MARILYNN D STYERS  
Mailing Address 6485 WAYFINDERS CT  
City CARLSBAD State CA Zip Code 92009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation VP  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 460.00  
Date of Receipt 11 / 22 / 2010  
Transaction ID: PR2119490725096  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
CHERYL TANIGAWA, MD  
Mailing Address 5598 NAPLES CANAL  
City LONG BEACH State CA Zip Code 90803  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Natl Medical Director/CMO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1150.00  
Date of Receipt 11 / 22 / 2010  
Transaction ID: PR2119491125096  
Amount of Each Receipt this Period 150.00  
P/R Deduction (\$50.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
CHERYL A THOMSON  
Mailing Address 222 FOREST DR  
City SOBIESKI State WI Zip Code 54171  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Assoc Dir Compliance  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 345.00  
Date of Receipt 11 / 22 / 2010  
Transaction ID: PR2119491625096  
Amount of Each Receipt this Period 45.00  
P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 255.00  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) STEVEN M TUCKER		Date of Receipt
	Mailing Address 211 LOCKFORD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	IRVINE	CA	92602
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR2119492025096
Name of Employer UnitedHealth Group, Inc.		Occupation VP Regulatory Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2208.00	288.00
			P/R Deduction (\$96.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) SUSAN VANASTEN		Date of Receipt
	Mailing Address W313 GOLDEN GLOW RD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	KAUKAUNA	WI	54130
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR2119492625096
Name of Employer UnitedHealth Group, Inc.		Occupation Site Dir Medicare Inside Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 920.00	120.00
			P/R Deduction (\$40.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) SCOTT B WESTPHAL		Date of Receipt
	Mailing Address 4536 ROCKY RUN LN		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	OCONTO	WI	54153
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR2119493225096
Name of Employer UnitedHealth Group, Inc.		Occupation Dir Actuarial Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 265.42	34.62
			P/R Deduction (\$11.54 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>442.62</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 / 131

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
LINDA D DAUGHERTY

Mailing Address 15442 NORTH 19TH WAY

City State Zip Code  
PHOENIX AZ 85022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Associate General Counsel

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2119493525096

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
GREGORY WRIGHT

Mailing Address 13901 MAUVE DRIVE

City State Zip Code  
SANTA ANA CA 92705

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir General Management

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2119494125096

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
GEORGE M YOUNG

Mailing Address 8131 S COOLIDGE WAY

City State Zip Code  
AURORA CO 80016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Executive Director

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 345.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2119494425096

Amount of Each Receipt this Period

45.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

180.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 / 131  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
STEVEN C YOUNG

Mailing Address 10765 QUAIL CREEK DRIVE EAST

City State Zip Code  
PARKER CO 80138

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: SB GA Account Exec

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR2119494525096

Amount of Each Receipt this Period: 30.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
FORREST G BURKE

Mailing Address 380 LEAF STREET

City State Zip Code  
ORONO MN 55356

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: President PS Labor & Trust

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1760.00

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR2133132425096

Amount of Each Receipt this Period: 300.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
WILLIAM R COLEMAN

Mailing Address 831 RATLEY ROAD

City State Zip Code  
WEST SUFFIELD CT 6093

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Assoc Dir Network A&R

Receipt For:  
 Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR2133132525096

Amount of Each Receipt this Period: 36.00

P/R Deduction (\$12.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 366.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 131  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
DANIEL M CUMMINGS

Mailing Address 1929 FAIRMOUNT AVE

City SAINT PAUL State MN Zip Code 55105

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2133132625096  
Amount of Each Receipt this Period: 45.00  
P/R Deduction (\$15.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
CHARLES W HANSON

Mailing Address 4133 WHITE OAK LN

City EXCELSIOR State MN Zip Code 55331

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Underwriting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.92

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2133133125096  
Amount of Each Receipt this Period: 75.00  
P/R Deduction (\$25.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
BROR O HULTGREN

Mailing Address 408 22ND ST

City GOLDEN State CO Zip Code 80401

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Regional Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 884.58

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2133133225096  
Amount of Each Receipt this Period: 115.38  
P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 235.38

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 / 131

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
CAROLYN MAGILL HANSON

Mailing Address 100 CHRISTOPHER COLUMBUS DRIVE  
#304

City State Zip Code  
NEW JERSEY NJ 07302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir Product

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 442.29

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2133133525096

Amount of Each Receipt this Period

57.69

P/R Deduction (\$19.23 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
ALLEN D MILLER

Mailing Address 6209 CRESCENT DRIVE

City State Zip Code  
EDINA MN 55436

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Regional Executive

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 805.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2133133625096

Amount of Each Receipt this Period

105.00

P/R Deduction (\$35.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
SUSAN C MORISATO

Mailing Address 238 ARDMORE ROAD

City State Zip Code  
DES PLAINES IL 60016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. VP Federal Prog-UHG Alliances

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3450.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2133133825096

Amount of Each Receipt this Period

450.00

P/R Deduction (\$150.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

612.69

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
KIMBERLY ALLENE NETTLETON

Mailing Address 5003 DARNELL

City HOUSTON State TX Zip Code 77096

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir General Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt: 11 / 22 / 2010

**Transaction ID:** PR2133133925096

Amount of Each Receipt this Period: 45.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
T JEFFREY PUTNAM

Mailing Address 303 ELMWOOD PLACE WEST

City MINNEAPOLIS State MN Zip Code 55419

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: SVP Financial Png & Analysis

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4422.90

Date of Receipt: 11 / 22 / 2010

**Transaction ID:** PR2133134225096

Amount of Each Receipt this Period: 576.90

P/R Deduction (\$192.30 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
DIANE M SCHIMMELBUSCH

Mailing Address 2203 RIVER FALLS DRIVE

City KINGWOOD State TX Zip Code 77339

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Medical & Clinical Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt: 11 / 22 / 2010

**Transaction ID:** PR2133134625096

Amount of Each Receipt this Period: 75.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 696.90

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) ANITA W SHIELDS	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 608 GLENVIEW DRIVE	<b>Transaction ID:</b> PR2133134725096
	City State Zip Code HORSHAM PA 19044	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. Dir General Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) DANIEL M COLE	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 9790 FOXWORTH DRIVE	<b>Transaction ID:</b> PR2145728325096
	City State Zip Code JOHNS CREEK GA 30022	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. Chief of Staff	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) ROBERT C FALKENBERG	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 6069 WEATHERED OAK CT	<b>Transaction ID:</b> PR2145728425096
	City State Zip Code WESTERVILLE OH 43082	Amount of Each Receipt this Period 115.38
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$38.46 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. Health Plan CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 884.58	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>175.38</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 131

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)

ROB FARAHANI

Mailing Address PO BOX 704

City State Zip Code  
HUNTINGTON NY 11743

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir IT

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 884.58

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2145728525096

Amount of Each Receipt this Period

115.38

P/R Deduction (\$38.46 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)

CARL T KIDD

Mailing Address 12210 OYSTER COVE COURT

City State Zip Code  
STAFFORD TX 77477

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir Client Svc Acct Mgt

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 663.55

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2145728825096

Amount of Each Receipt this Period

86.55

P/R Deduction (\$28.85 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)

NANCY E LINDIMORE

Mailing Address 8256 SNEAD WAY

City State Zip Code  
WESTERVILLE OH 43082

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. KA Dir Acct Mgmt

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2145728925096

Amount of Each Receipt this Period

60.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

261.93

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
WILLIAM Y MICKLE

Mailing Address 8 DURANGO COURT

City State Zip Code  
ALISO VIEJO CA 92656

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. VP General Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** PR2145729125096

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
WAYNE MILLER

Mailing Address 19521 SIERRA SOTO RD

City State Zip Code  
IRVINE CA 92603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. VP Client Svc Acct Mgt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** PR2145729225096

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
LEAH C RUMMEL

Mailing Address 12100 TRAUTWEIN ROAD

City State Zip Code  
AUSTIN TX 78737

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir Govt Rel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** PR2145729525096

Amount of Each Receipt this Period  
45.00

P/R Deduction (\$15.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **135.00**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 131  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
MICHAEL P SCHWARZ

Mailing Address 13935 WOODRIDGE PATH

City SAVAGE State MN Zip Code 55378

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 805.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2145729725096  
Amount of Each Receipt this Period: 105.00  
P/R Deduction (\$35.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
DANNETTE L SMITH

Mailing Address 5414 BYSCANE LANE

City MINNETONKA State MN Zip Code 55345

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Sr Deputy General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2653.74

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2145729925096  
Amount of Each Receipt this Period: 346.14  
P/R Deduction (\$115.38 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
RANDALL SMITH

Mailing Address 20607 BROADWATER DRIVE

City LAND O LAKES State FL Zip Code 34638

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Plan President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 265.42

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2145730025096  
Amount of Each Receipt this Period: 34.62  
P/R Deduction (\$11.54 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **485.76**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
MARGARET W WEAR

Mailing Address 44 TOPANGA

City IRVINE State CA Zip Code 92602

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Actuarial Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2145730225096  
Amount of Each Receipt this Period: 150.00  
P/R Deduction (\$50.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MARYNELL F BENSON

Mailing Address 604 ROCKBOURNE MILLS COURT

City WALLINGFORD State PA Zip Code 19086

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2162866925096  
Amount of Each Receipt this Period: 30.00  
P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
ARLENE DAVIDSON

Mailing Address 7528 NORTH 6TH PLAGE

City PHOENIX State AZ Zip Code 85020

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Marketing Bus Dev

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2162867025096  
Amount of Each Receipt this Period: 57.69  
P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **237.69**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 131

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) DAVID A SPIVACK	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 37 HIDDEN TRAIL	<b>Transaction ID:</b> PR2162867625096
	City State Zip Code IRVINE CA 92603	Amount of Each Receipt this Period 576.90
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$192.30 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Business Segment CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4422.90	

<b>B.</b>	Full Name (Last, First, Middle Initial) KURT C LEWIS	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 961 RIVER FOREST DRIVE	<b>Transaction ID:</b> PR2203967525096
	City State Zip Code MAINEVILLE OH 45039	Amount of Each Receipt this Period 34.62
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$11.54 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation KA VP Sales and Account Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 265.42	

<b>C.</b>	Full Name (Last, First, Middle Initial) CHRISTINE W GIBSON	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 8516 29TH AVE N	<b>Transaction ID:</b> PR2225166725096
	City State Zip Code NEW HOPE MN 55427	Amount of Each Receipt this Period 346.14
	FEC ID number of contributing federal political committee. <b>C</b>	P/R Deduction (\$115.38 Bi-Weekly)
Name of Employer UnitedHealth Group, Inc.	Occupation Market Grp Chief Mktg Off	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2653.74	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>957.66</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 131  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
ANDREW M SLAVITT

Mailing Address 5125 MIRROR LAKES DRIVE

City EDINA State MN Zip Code 55436

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Business Segment CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4250.00

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR2225167425096

Amount of Each Receipt this Period 750.00

P/R Deduction (\$250.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
JEAN-FRANCOIS BEAULE

Mailing Address 7 STRATFORD RD

City FARMINGTON State CT Zip Code 06032

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation VP Actuarial Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1327.10

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR2225813625096

Amount of Each Receipt this Period 173.10

P/R Deduction (\$57.70 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
DANIEL M HARRIS

Mailing Address 51 REALITY ROAD

City OXFORD State CT Zip Code 06478

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Dir Actuarial Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 442.29

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR2225817525096

Amount of Each Receipt this Period 57.69

P/R Deduction (\$19.23 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 980.79

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 78 / 131</span>
(check only one)	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) NANCY S MACK	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 10140 26TH AVENUE NORTH	<b>Transaction ID:</b> PR2225818425096
	City State Zip Code PLYMOUTH MN 55441	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$15.00 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. Dir IT Project Mgmt	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 345.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) CHARLES W MARTEL	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 676 LAKE SUSAN HILLS DRIVE	<b>Transaction ID:</b> PR2225818625096
	City State Zip Code CHANHASSEN MN 55317	Amount of Each Receipt this Period 30.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$10.00 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. Dir IT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) MICHAEL MCGUIRE	Date of Receipt MM / DD / YYYY 11 / 22 / 2010
	Mailing Address 437 DRURY LANE	<b>Transaction ID:</b> PR2225818825096
	City State Zip Code WYCKOFF NJ 07481	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	P/R Deduction (\$20.00 Bi-Weekly)
	Name of Employer Occupation UnitedHealth Group, Inc. Health Plan CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 460.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>135.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
ERIC S RANGEN

Mailing Address 15348 RED OAKS ROAD SE

City State Zip Code  
PRIOR LAKE MN 55372

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. SVP Chief Accounting Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4422.90

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2225819325096

Amount of Each Receipt this Period  
576.90

P/R Deduction (\$192.30 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
JOHN D RYAN

Mailing Address 45 WESTMORELAND LN

City State Zip Code  
NAPERVILLE IL 60540

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. RVP Client Mgmt & Svc

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 884.58

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2225819625096

Amount of Each Receipt this Period  
115.38

P/R Deduction (\$38.46 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
KAREN A DIPALMO

Mailing Address 7533 PRAIRIE VIEW DR

City State Zip Code  
INDIANAPOLIS IN 46256

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir Network Programs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 690.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2231347225096

Amount of Each Receipt this Period  
90.00

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **782.28**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 80 / 131  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
JEFFERY A DROZDA

Mailing Address 321 HERITAGE POINT DRIVE

City State Zip Code  
SIMPSONVILLE SC 29681

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Govt Rel Assoc Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt: 11 / 22 / 2010

**Transaction ID:** PR2231347425096

Amount of Each Receipt this Period: 120.00

P/R Deduction (\$40.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
SUSAN A FOWLER

Mailing Address 4396 CREEKSIDE PASS

City State Zip Code  
ZIONSVILLE IN 46077

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: VP UHO Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt: 11 / 22 / 2010

**Transaction ID:** PR2231349725096

Amount of Each Receipt this Period: 45.00

P/R Deduction (\$15.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
KASIA HANNA

Mailing Address 1419 HORNADAY RD

City State Zip Code  
BROWNSBURG IN 46112

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Sr IT Project Cnsltnt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 22 / 2010

**Transaction ID:** PR2231350625096

Amount of Each Receipt this Period: 30.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 195.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 81 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
MARGARET C HAYS

Mailing Address 507 WOODLAND W DRIVE

City GREENFIELD State IN Zip Code 46140

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 22 / 2010

**Transaction ID:** PR2231350725096

Amount of Each Receipt this Period: 30.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
KIP J METHENY

Mailing Address 808 JEFFERSON

City LAWRENCEVILLE State IL Zip Code 62439

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Spvsr Claims

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 22 / 2010

**Transaction ID:** PR2231351425096

Amount of Each Receipt this Period: 30.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
PAMELA ANN MOORE

Mailing Address RR 1 BOX 282A

City BRIDGEPORT State IL Zip Code 62417

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Mgr Facilities

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 227.70

Date of Receipt: 11 / 22 / 2010

**Transaction ID:** PR2231351725096

Amount of Each Receipt this Period: 29.70

P/R Deduction (\$9.90 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 89.70

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
DONALD M MUDGETT

Mailing Address 8131 LAKE POINT WAY

City State Zip Code  
INDIANAPOLIS IN 46256

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Assoc Dir General Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2231351925096

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
ANDREW L PEARSON

Mailing Address 7371 OAKLAND HILLS CIR

City State Zip Code  
INDIANAPOLIS IN 46236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Mgr IT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2231352025096

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
JILL PHELPS

Mailing Address 95 KENSINGTON CT

City State Zip Code  
PITTSBORO IN 46167

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Sr IT Business Analyst

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2231352125096

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **120.00**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
DARRELL S RICHEY

Mailing Address 7244 TULIPTREE TRAIL

City INDIANAPOLIS State IN Zip Code 46256

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Deputy General Counsel (Mgr)

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1840.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2231352325096  
Amount of Each Receipt this Period: 240.00  
P/R Deduction (\$80.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
JANET SUE SELF

Mailing Address 3202 BABSON CT

City INDIANAPOLIS State IN Zip Code 46268

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Actuarial Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 345.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2231352425096  
Amount of Each Receipt this Period: 45.00  
P/R Deduction (\$15.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
AMANDA JANE SNIVELY

Mailing Address 704 EAST MAIN STREET

City CARMEL State IN Zip Code 46032

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: UHO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2231352525096  
Amount of Each Receipt this Period: 30.00  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 315.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 131

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL R CONNLY Mailing Address 570 MONTCALM PL City SAINT PAUL State MN Zip Code 55116 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer UnitedHealth Group, Inc. Occupation Chief Technology Officer Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1820.00	Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 1 0 <b>Transaction ID:</b> PR2247625825096 Amount of Each Receipt this Period 300.00 P/R Deduction (\$100.00 Bi-Weekly)
<b>B.</b>	Full Name (Last, First, Middle Initial) CAROLYN B KERR Mailing Address 3456 ROSENDALE ROAD City NISKAYUNA State NY Zip Code 12309 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer UnitedHealth Group, Inc. Occupation Govt Rel Dir Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 529.00	Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 1 0 <b>Transaction ID:</b> PR2247626225096 Amount of Each Receipt this Period 69.00 P/R Deduction (\$23.00 Bi-Weekly)
<b>C.</b>	Full Name (Last, First, Middle Initial) SHANKAR RAO Mailing Address 10622 EQUESTRIAN DR City COWAN HEIGHTS State CA Zip Code 92705 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer UnitedHealth Group, Inc. Occupation Dir IT Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 221.03	Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 1 0 <b>Transaction ID:</b> PR2247626325096 Amount of Each Receipt this Period 28.83 P/R Deduction (\$9.61 Bi-W-ekely)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

**397.83**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
JOSEPH R CARCIONE JR

Mailing Address 11 CARRIAGE WAY

City State Zip Code  
WHITE PLAINS NY 10605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1327.10

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2247626825096

Amount of Each Receipt this Period  
173.10

P/R Deduction (\$57.70 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
KEVIN DAVID KANTOLA

Mailing Address 7031 HALSTEAD DRIVE

City State Zip Code  
MINNETRISTA MN 55364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir IT Project Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2247627025096

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$25.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
DENNIS P O'BRIEN

Mailing Address 61 LOUGHLIN AVE

City State Zip Code  
COS COB CT 06807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. RVP Network Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1327.10

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2247627325096

Amount of Each Receipt this Period  
173.10

P/R Deduction (\$57.70 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **421.20**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 86 / 131

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
JEFFERY RICHARD VERNEY

Mailing Address 266 WESTLEDGE ROAD

City State Zip Code  
WEST SIMSBURY CT 06092

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. VP General Management

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1327.10

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2247627425096

Amount of Each Receipt this Period

173.10

P/R Deduction (\$57.70 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
DARRELL BROOKS

Mailing Address 425 QUEENSLAND LANE NORTH

City State Zip Code  
PLYMOUTH MN 55447

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. VP Information Technology

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1327.10

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2247627625096

Amount of Each Receipt this Period

173.10

P/R Deduction (\$57.70 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
SANJAY GARODIA

Mailing Address 282 MIDDAUGH

City State Zip Code  
CLARENDON HILLS IL 60514

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. COO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 884.58

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2247627825096

Amount of Each Receipt this Period

115.38

P/R Deduction (\$38.46 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

461.58

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 131  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
JACQUELINE B KOSECOFF

Mailing Address 1474 BIENVENEDA AVE

City State Zip Code  
PACIFIC PALISADES CA 90272

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Business Segment CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4422.90

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR2247627925096

Amount of Each Receipt this Period 576.90

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
DANIEL L OHMAN

Mailing Address 8970 MOOR PARK RUN

City State Zip Code  
DULUTH GA 30097

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Region CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 619.16

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR2247628025096

Amount of Each Receipt this Period 80.76

P/R Deduction (\$26.92 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
JOHN M PRINCE

Mailing Address 546 HARRINGTON ROAD

City State Zip Code  
WAYZATA MN 55391

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Business Segment COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1775.00

Date of Receipt 11 / 22 / 2010

**Transaction ID:** PR2259738425096

Amount of Each Receipt this Period 291.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 948.66

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 88 / 131  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
CHRIS CRONN

Mailing Address 1611 W 5TH ST APT 232

City State Zip Code  
AUSTIN TX 78703

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Govt Rel Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 884.58

Date of Receipt: 11 / 22 / 2010

Transaction ID: PR2270522925096

Amount of Each Receipt this Period: 115.38

P/R Deduction (\$38.46 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
KAREN R FINNERTY

Mailing Address 4430 PARK POINT

City State Zip Code  
LEWIS CENTER OH 43035

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Dir Sales Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 22 / 2010

Transaction ID: PR2270546625096

Amount of Each Receipt this Period: 30.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
THELMA L THOMPSON

Mailing Address 600 SECOND STREET # 303

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Govt Rel Assoc Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 22 / 2010

Transaction ID: PR2364863325096

Amount of Each Receipt this Period: 30.00

P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **175.38**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 89 / 131

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
JEFFREY D ALTER

Mailing Address 3 WOODLAND ROAD

City State Zip Code  
BELLE TERRE NY 11777

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Region CEO

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 340.17

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2402315225096

Amount of Each Receipt this Period

44.37

P/R Deduction (\$14.79 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
JEANNE M DE SA

Mailing Address 3000 TILDEN STREET NW #204-1

City State Zip Code  
WASHINGTON DC 20008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Govt Rel Dir

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1150.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2402315925096

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
LISA M HARRELL

Mailing Address 1741 CAMBRIDGE AVENUE

City State Zip Code  
FLOSSMOOR IL 60422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. VP

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 575.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2402316925096

Amount of Each Receipt this Period

75.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

269.37

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 131  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
SCOTT E HENDERSON

Mailing Address 749 PEARSON POINT PLACE

City State Zip Code  
ANNAPOLIS MD 21401

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Govt Rel Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 735.00

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR2402317025096

Amount of Each Receipt this Period: 35.00

P/R Deduction (\$35.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
DONALD D JACOBS

Mailing Address 19495 VINE RIDGE ROAD

City State Zip Code  
SHOREWOOD MN 55331

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Sr Project Manager II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR2402317325096

Amount of Each Receipt this Period: 30.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
ANGELA DAWN KEPLEY CARRIER

Mailing Address 3219 PENINSULA DRIVE

City State Zip Code  
JAMESTOWN NC 27282

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Assoc Dir Case Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 11 / 22 / 2010  
**Transaction ID:** PR2402317725096

Amount of Each Receipt this Period: 60.00

P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 125.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 91 / 131  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
MARILYN LEVI-BAUMGARTEN

Mailing Address 4800 W 27TH ST

City SAINT LOUIS PARK State MN Zip Code 55416

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Dir Network Programs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 22 / 2010  
Transaction ID: PR2402317925096  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
JAKE LOGAN

Mailing Address 5520 CHEERY LYNN ROAD

City PHOENIX State AZ Zip Code 85018

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Govt Rel Dir

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 22 / 2010  
Transaction ID: PR2402318225096  
Amount of Each Receipt this Period 75.00  
P/R Deduction (\$25.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
MARIA MCCAULEY

Mailing Address 15916 MARSHFIELD DRIVE

City TAMPA State FL Zip Code 33624

FEC ID number of contributing federal political committee. **C**

Name of Employer UnitedHealth Group, Inc. Occupation Sr Project Manager II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt 11 / 22 / 2010  
Transaction ID: PR2402318425096  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 195.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 92 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
STACY S MCGRATH

Mailing Address 5625 CHOWEN AVE S

City State Zip Code  
EDINA MN 55410

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Sr Project Manager II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** PR2402318525096

Amount of Each Receipt this Period 45.00

P/R Deduction (\$15.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
ANDREA MORRISON DAVIS

Mailing Address 2 LAKESHIRE COURT

City State Zip Code  
OWINGS MILLS MD 21117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Acct Mgt Cons Client Svc

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** PR2402318925096

Amount of Each Receipt this Period 30.00

P/R Deduction (\$10.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
JILL RIVERS

Mailing Address 6648 DASHER COURT

City State Zip Code  
COLUMBIA MD 21045

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Managing Dir HHS Consulting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** PR2402319525096

Amount of Each Receipt this Period 75.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
KATHERINE E SHERWIN

Mailing Address 85 CENTRAL AVE

City State Zip Code  
NEWTON MA 2460

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir General Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2402319925096

Amount of Each Receipt this Period  
30.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
LORI K SWEERE

Mailing Address 11826 GERMAINE TERRACE

City State Zip Code  
EDEN PRAIRIE MN 55347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. EVP Human Capital

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1910.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2402320225096

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$100.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
KELLY WARREN

Mailing Address 1312 BOB HARRISON DR

City State Zip Code  
AUSTIN TX 78702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Dir Bus Dvlp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 575.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2402320525096

Amount of Each Receipt this Period  
75.00

P/R Deduction (\$25.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **405.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 / 131
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) MICHAEL S ZENOBI		Date of Receipt
	Mailing Address 1877 E CHILTON DRIVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	TEMPE	AZ	85283
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR2402320825096
Name of Employer UnitedHealth Group, Inc.		Occupation Dir Finance	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	<input type="text"/> 30.00
			P/R Deduction (\$10.00 Bi-Weekly)

<b>B.</b>	Full Name (Last, First, Middle Initial) PAUL J BARRINGER		Date of Receipt
	Mailing Address 3709 WILLIAMS LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	CHEVY CHASE	MD	20815
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR2402444325096
Name of Employer UnitedHealth Group, Inc.		Occupation Director Regulatory Affairs	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	<input type="text"/> 30.00
			P/R Deduction (\$10.00 Bi-Weekly)

<b>C.</b>	Full Name (Last, First, Middle Initial) DANIEL J WEAVER		Date of Receipt
	Mailing Address 4873 DESPERADO WAY		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 1 1 / 2 2 / 2 0 1 0
	City	State	Zip Code
	PARKER	CO	80134
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> PR2402444625096
Name of Employer UnitedHealth Group, Inc.		Occupation Dir IT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.00	<input type="text"/> 30.00
			P/R Deduction (\$10.00 Bi-Weekly)

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 90.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 95 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
JAY M ANLIKER

Mailing Address 4306 MOUNTAIN LANE

City WAUSAU State WI Zip Code 54401

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: CEO TPA

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2402445025096  
Amount of Each Receipt this Period: 60.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
JAMES C COLEMAN

Mailing Address 4135 ETHAN DRIVE

City EAGAN State MN Zip Code 55123

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group Occupation: VP Employee Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1900.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2402445225096  
Amount of Each Receipt this Period: 300.00  
P/R Deduction (\$100.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
JAMES D DONOVAN

Mailing Address 2816 MONTREAUX DRIVE

City FRISCO State TX Zip Code 75034

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: SVP Bus Dev and Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1495.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2402445325096  
Amount of Each Receipt this Period: 195.00  
P/R Deduction (\$65.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 555.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
JOHN L LARSEN

Mailing Address 11688 TANGLEWOOD DRIVE

City State Zip Code  
EDEN PRAIRIE MN 55347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AmeriChoice President Evercare

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2402445625096

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$50.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
KARA J RIOS

Mailing Address 5116 DUGGAN PLAZA

City State Zip Code  
EDINA MN 55439

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Business Segment CFO

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 4250.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2402445725096

Amount of Each Receipt this Period  
750.00

P/R Deduction (\$250.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
JOY O HIGA

Mailing Address 2208 ELM AVENUE

City State Zip Code  
MANHATTAN BEACH CA 90266

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Govt Rel Dir

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 690.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2402446225096

Amount of Each Receipt this Period  
90.00

P/R Deduction (\$30.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 990.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 97 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
SOHINI G JINDAL

Mailing Address 19513 MILL DAM PLACE

City LANSLOWNE State VA Zip Code 20176

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Govt Rel Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1820.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2402446325096  
Amount of Each Receipt this Period: 300.00  
P/R Deduction (\$100.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
RUSSELL C PETRELLA

Mailing Address 4612 MOORLAND AVENUE

City EDINA State MN Zip Code 55424

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: President Americhoice

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2210.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2402446425096  
Amount of Each Receipt this Period: 300.00  
P/R Deduction (\$100.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
CORY ALEXANDER

Mailing Address 4203 BRADLEY LANE

City CHEVY CHASE State MD Zip Code 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: VP Gov't Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4422.90

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2405428825096  
Amount of Each Receipt this Period: 576.90  
P/R Deduction (\$192.30 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1176.90**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
CHRIS A SCHERER

Mailing Address 1044 ST JAMES PARK AVE

City State Zip Code  
MONROE MI 48161

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. VP Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2405429025096

Amount of Each Receipt this Period 30.00

P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
JOSEPH R STEVENS

Mailing Address 1621 BERKSHIRE RD

City State Zip Code  
COLUMBUS OH 43221

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Govt Rel Dir

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 856.80

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2405429125096

Amount of Each Receipt this Period 142.80

P/R Deduction (\$47.60 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
RODNEY CHARLES ARMSTEAD

Mailing Address ONE HARBORSIDE PLACE  
UNIT 701

City State Zip Code  
JERSEY CITY NJ 07311

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
AmeriChoice VP Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2405430225096

Amount of Each Receipt this Period 120.00

P/R Deduction (\$40.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **292.80**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
KAREN ANN SAELENS

Mailing Address 105 N FLORENCE AVE

City State Zip Code  
LITCHFIELD PARK AZ 85340

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2408544825096  
Amount of Each Receipt this Period: 60.00  
P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
KATHLYN G WEE

Mailing Address 4118 38TH ST NW

City State Zip Code  
WASHINGTON DC 20016

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2408545025096  
Amount of Each Receipt this Period: 60.00  
P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
GAIL KOZIARA BOUDREAU

Mailing Address 841 HOLDEN COURT

City State Zip Code  
LAKE FOREST IL 60045

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4999.90

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2437119525096  
Amount of Each Receipt this Period: 0.00  
P/R Deduction (\$0.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
SCOTT A BOWERS

Mailing Address 809 GADSDEN PLACE

City State Zip Code  
FRANKLIN TN 37067

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2437119625096  
Amount of Each Receipt this Period: 30.00  
P/R Deduction (\$10.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
JEFFREY SEAN CORZINE

Mailing Address 7649 EARLINGTON PARKWAY

City State Zip Code  
DUBLIN OH 43017

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2437119725096  
Amount of Each Receipt this Period: 60.00  
P/R Deduction (\$20.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
ANA T FUENTE VILLA

Mailing Address 4815 NORTH CAMINO ESCUELA

City State Zip Code  
TUCSON AZ 85718

FEC ID number of contributing federal political committee. **C**

Name of Employer: UnitedHealth Group, Inc. Occupation: Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 230.00

Date of Receipt: 11 / 22 / 2010  
Transaction ID: PR2437119825096  
Amount of Each Receipt this Period: 30.00  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 120.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 101 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
RITA FAYE JOHNSON-MILLS  
Mailing Address 9727 SKY LANE  
City EDEN PRAIRIE State MN Zip Code 55347  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 345.00  
Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR2437120125096  
Amount of Each Receipt this Period 45.00  
P/R Deduction (\$15.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
DAVID K LIVINGSTON  
Mailing Address 24570 RIDGE POLE COURT  
City SOUTH LYON State MI Zip Code 48178  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 575.00  
Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR2437120225096  
Amount of Each Receipt this Period 75.00  
P/R Deduction (\$25.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
DAVID WILLIAM THOMAS  
Mailing Address 841 LAKE ROAD  
City BRADFORD WOODS State PA Zip Code 15015  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 230.00  
Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR2437120425096  
Amount of Each Receipt this Period 30.00  
P/R Deduction (\$10.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 131  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial) JACK S WEISS		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 6245 NORTH 75 STREET		<b>Transaction ID:</b> PR2437120525096
City SCOTTSDALE	State Zip Code AZ 85250	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 75.00
Name of Employer UnitedHealth Group, Inc.	Occupation Manager	P/R Deduction (\$25.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 575.00	

**B.**

Full Name (Last, First, Middle Initial) PAUL JOSEPH BALTHAZOR		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 9013 FARNSWORTH AVENUE NORTH		<b>Transaction ID:</b> PR2437120725096
City BROOKLYN PARK	State Zip Code MN 55443	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180.00
Name of Employer UnitedHealth Group, Inc.	Occupation Manager	P/R Deduction (\$60.00 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

**C.**

Full Name (Last, First, Middle Initial) KELLY L CLARK		Date of Receipt MM / DD / YYYY 11 / 22 / 2010
Mailing Address 13540 BIRCHWOOD AVENUE		<b>Transaction ID:</b> PR2437121325096
City ROSEMOUNT	State Zip Code MN 55068	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 115.38
Name of Employer UnitedHealth Group, Inc.	Occupation Manager	P/R Deduction (\$38.46 Bi-Weekly)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 884.58	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>370.38</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 131  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
LAURA L NESS

Mailing Address 10550 PINNACLE WAY

City State Zip Code  
WOODBURY MN 55129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2437121525096

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
ROBIN E LIPPERT

Mailing Address 522 4 STREET SOUTH EAST

City State Zip Code  
WASHINGTON DC 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group Government Affairs Senior Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1150.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2439928025096

Amount of Each Receipt this Period  
150.00

P/R Deduction (\$50.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
STEPHEN M HEYMAN

Mailing Address 5300 SHERRILL AVENUE

City State Zip Code  
CHEVY CHASE MD 20815

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group Government Affairs Senior Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2444265725096

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **510.00**

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 104 / 131  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
LORI C MCDUGAL

Mailing Address 19705 LAKEVIEW AVENUE

City State Zip Code  
DEEPHAVEN MN 55331

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealthcare UH Military and Veteran Services Execu

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 3076.80

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2445015325096

Amount of Each Receipt this Period  
576.90

P/R Deduction (\$192.30 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
DONALD S LANGER

Mailing Address 177 SOUTHBOROUGH ROAD

City State Zip Code  
SOUTHINGTON CT 6489

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2445015425096

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
CHARLES L WILKINS

Mailing Address 10827 MOUNT CURVE ROAD

City State Zip Code  
EDEN PRAIRIE MN 55347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
OptumHealth Executive Senior Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1600.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2445016625096

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **936.90**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
SABRINA FERGUSON  
 Mailing Address 204 CHESTNUT DRIVE  
 City State Zip Code  
BRANDON MS 39047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealth Group, Inc. Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00  
 Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR2445017225096  
 Amount of Each Receipt this Period 60.00  
 P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
EILEEN J LIVERANI  
 Mailing Address 100 BOSTOCK ROAD  
 City State Zip Code  
SHOKAN NY 12481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealth Group, Inc. Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 415.50  
 Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR2460167225096  
 Amount of Each Receipt this Period 83.10  
 P/R Deduction (\$27.70 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
JUNE THIELEN  
 Mailing Address 6245 WAKEFIELD COURT  
 City State Zip Code  
SHAKOPEE MN 55379  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UnitedHealth Group, Inc. Occupation Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 207.00  
 Date of Receipt 11 / 22 / 2010  
**Transaction ID:** PR2460167525096  
 Amount of Each Receipt this Period 41.40  
 P/R Deduction (\$13.80 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► 184.50  
**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 106 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
KARIN KEITEL  
Mailing Address 3918 HAVEN ROAD  
City MINNETONKA State MN Zip Code 55345  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ingenix Occupation Senior Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00  
Date of Receipt 11 / 22 / 2010  
Transaction ID: PR2460167625096  
Amount of Each Receipt this Period 150.00  
P/R Deduction (\$50.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
SHELBY P SOLOMON  
Mailing Address 5702 BLAKE ROAD  
City EDINA State MN Zip Code 55436  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ingenix Occupation Senior Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1725.00  
Date of Receipt 11 / 22 / 2010  
Transaction ID: PR2460167925096  
Amount of Each Receipt this Period 345.00  
P/R Deduction (\$115.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
JELKA S PETROVIC  
Mailing Address 4454 PEPPER MILL LANE  
City ORION State MI Zip Code 48359  
FEC ID number of contributing federal political committee. **C**  
Name of Employer UnitedHealth Group, Inc. Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 11 / 22 / 2010  
Transaction ID: PR2460168025096  
Amount of Each Receipt this Period 60.00  
P/R Deduction (\$20.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 555.00  
**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 / 131
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) LARRY C RENFRO		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 5 DOVE LANE		<b>Transaction ID:</b> PR2460168125096		
	City ANDOVER	State MA	Zip Code 01810	Amount of Each Receipt this Period 576.90	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$192.30 Bi-Weekly)		
	Name of Employer UnitedHealth Group	Occupation Executive	Aggregate Year-to-Date 2884.50		

<b>B.</b>	Full Name (Last, First, Middle Initial) DAVID B ORBUCH		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 3370 SYCAMORE LANE		<b>Transaction ID:</b> PR2460168225096		
	City PLYMOUTH	State MN	Zip Code 55441	Amount of Each Receipt this Period 115.50	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$38.50 Bi-Weekly)		
	Name of Employer UnitedHealth Group	Occupation Senior Manager	Aggregate Year-to-Date 577.50		

<b>C.</b>	Full Name (Last, First, Middle Initial) ERIC J WEXLER		Date of Receipt MM / DD / YYYY 11 / 22 / 2010		
	Mailing Address 7220 WILLOW OAK DR		<b>Transaction ID:</b> PR2463723125096		
	City WEST BLOOMFIELD	State MI	Zip Code 48324	Amount of Each Receipt this Period 96.00	
	FEC ID number of contributing federal political committee. C		P/R Deduction (\$32.00 Bi-Weekly)		
	Name of Employer UnitedHealth Group, Inc.	Occupation Manager	Aggregate Year-to-Date 416.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>788.40</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
KAREN L WALKOWSKI

Mailing Address 6359 COUNTRY ROAD

City State Zip Code  
EDEN PRAIRIE MN 55346

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** PR2463723425096

Amount of Each Receipt this Period  
60.00

P/R Deduction (\$20.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
ERIC A SCHUTT

Mailing Address 2675 TOWER ROAD

City State Zip Code  
MCFARLAND WI 53558

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group Government Affairs Senior Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 812.50

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** PR2463724125096

Amount of Each Receipt this Period  
187.50

P/R Deduction (\$62.50 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
SUE SCHICK

Mailing Address 100 EAST PENN SQUARE SUITE 410

City State Zip Code  
PHILADELPHIA PA 19107

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealthcare Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
11 / 22 / 2010

**Transaction ID:** PR2480620525096

Amount of Each Receipt this Period  
375.00

P/R Deduction (\$125.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **622.50**

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
JO ANNE M ANDERSON  
Mailing Address 6236 KNOLL DRIVE  
City EDINA State MN Zip Code 55436  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ovations Occupation Manager  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 781.00  
Date of Receipt 11 / 22 / 2010  
Transaction ID: PR2484541625096  
Amount of Each Receipt this Period 213.00  
P/R Deduction (\$71.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
MATTHEW A BURNS  
Mailing Address 250 6TH STREET EAST APT 407  
City ST PAUL State MN Zip Code 55101  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ovations Occupation Communications Manager  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00  
Date of Receipt 11 / 22 / 2010  
Transaction ID: PR2484541725096  
Amount of Each Receipt this Period 150.00  
P/R Deduction (\$50.00 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
JAMES F COPPENS  
Mailing Address 5965 LAKE LINDEN COURT  
City SHOREWOOD State MN Zip Code 55331  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Ovations Occupation Human Capital Senior Manager  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 694.65  
Date of Receipt 11 / 22 / 2010  
Transaction ID: PR2484541925096  
Amount of Each Receipt this Period 189.45  
P/R Deduction (\$63.15 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 552.45  
**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
LILLIAN R HECKMAN

Mailing Address 552 DEER LAKE CIRCLE

City State Zip Code  
BLUE BELL PA 19422

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2484542125096

Amount of Each Receipt this Period 90.00

P/R Deduction (\$30.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
KEVIN KNARR

Mailing Address 3138 O STREET NW

City State Zip Code  
WASHINGTON DC 20007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group Enterprise Operations Senior Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 423.06

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2484542325096

Amount of Each Receipt this Period 115.38

P/R Deduction (\$38.46 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
JERI G KUBICKI

Mailing Address 619 GIST AVENUE

City State Zip Code  
SILVER SPRING MD 20910

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2486697825096

Amount of Each Receipt this Period 150.00

P/R Deduction (\$50.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **355.38**

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 131  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
THOMAS B MANDERFELD

Mailing Address 100 2ND STREET NE UNIT #180

City State Zip Code  
MINNEAPOLIS MN 55413

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 320.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2486697925096

Amount of Each Receipt this Period  
120.00

P/R Deduction (\$40.00 Bi-Weekly)

**B.** Full Name (Last, First, Middle Initial)  
CHRISTOPHER J PAULISON

Mailing Address 4601 DREXEL AVE

City State Zip Code  
EDINA MN 55424-1133

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group Manager

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1458.31

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2486698025096

Amount of Each Receipt this Period  
208.33

P/R Deduction (\$208.33 Bi-Weekly)

**C.** Full Name (Last, First, Middle Initial)  
DIRK C MCMAHON

Mailing Address 1608 SUMMIT OAKS CT

City State Zip Code  
BURNSVILLE MN 55337

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealthcare Operations Executive

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

**Transaction ID:** PR2491457025096

Amount of Each Receipt this Period  
300.00

P/R Deduction (\$100.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) ..... ► **628.33**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 112 / 131

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.**

Full Name (Last, First, Middle Initial)  
JOHN G NACKEL

Mailing Address 666 LINDA VISTA AVENUE

City State Zip Code  
PASADENA CA 91105-1145

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ingenix Manager

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 582.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2491457225096

Amount of Each Receipt this Period

291.00

P/R Deduction (\$97.00 Bi-Weekly)

**B.**

Full Name (Last, First, Middle Initial)  
CHRISTOPHER S STANLEY

Mailing Address 12934 W 81ST AVE

City State Zip Code  
ARVADA CO 80005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealth Group, Inc. Manager

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2491457425096

Amount of Each Receipt this Period

150.00

P/R Deduction (\$50.00 Bi-Weekly)

**C.**

Full Name (Last, First, Middle Initial)  
KATHRYN M SULLIVAN

Mailing Address 530 N LAKE SHORE DR # 2309

City State Zip Code  
CHICAGO IL 60611-7435

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UnitedHealthcare Manager

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 582.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 2 / 2 0 1 0

Transaction ID: PR2491457525096

Amount of Each Receipt this Period

291.00

P/R Deduction (\$97.00 Bi-Weekly)

**SUBTOTAL** of Receipts This Page (optional) .....

732.00

**TOTAL** This Period (last page this line number only) .....

50724.46

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

A.	Full Name (Last, First, Middle Initial) Szabo for State House District 27	Transaction ID: 32446140 Date of Disbursement 10 / 14 / 2010
	Mailing Address PO Box 746048	Amount of Each Disbursement this Period 150.00
	City Arvada State CO Zip Code 80006	
	Purpose of Disbursement , STATE HOUSE 27	011 Category/ Type
	Candidate Name	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	, STATE HOUSE 27
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District: 27	

B.	Full Name (Last, First, Middle Initial) John Proos for State Senate	Transaction ID: 32446173 Date of Disbursement 10 / 14 / 2010
	Mailing Address PO Box 271	Amount of Each Disbursement this Period 500.00
	City St. Joseph State MI Zip Code 49085	
	Purpose of Disbursement John Proos, STATE HOUSE 79th MI	011 Category/ Type
	Candidate Name MI Rep. John Proos, IV	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	John Proos, STATE HOUSE 79th MI
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: MI District: 79	

C.	Full Name (Last, First, Middle Initial) Michigan House Democratic Fund	Transaction ID: 32446199 Date of Disbursement 10 / 14 / 2010
	Mailing Address PO Box 16193	Amount of Each Disbursement this Period 500.00
	City Lansing State MI Zip Code 48901	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1150.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 114 / 131

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) Michigan House Democratic Fund  Mailing Address PO Box 16193  City Lansing State MI Zip Code 48901  Purpose of Disbursement Void - Michigan House Democratic Fund Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32456271 Date of Disbursement 10 / 14 / 2010  Amount of Each Disbursement this Period -500.00  Void - Michigan House Democratic Fund	011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Michigan House Democratic Fund  Mailing Address PO Box 16193  City Lansing State MI Zip Code 48901  Purpose of Disbursement Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:  Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32456272 Date of Disbursement 10 / 14 / 2010  Amount of Each Disbursement this Period 500.00	011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Richardville Leadership Fund  Mailing Address PO Box 1631  City Lansing State MI Zip Code 48161  Purpose of Disbursement Randy Richardville, STATE SENATE 17th MI Candidate Name MI Sen. Randy Richardville  Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District:  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32456273 Date of Disbursement 10 / 14 / 2010  Amount of Each Disbursement this Period 500.00  Randy Richardville, STATE SENATE 17th MI	011 Category/ Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 115 / 131

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Committee to Elect Bert Johnson State Senate</p> <p>Mailing Address 36 Eason Street</p> <p>City Highland Park State MI Zip Code 48203</p> <p>Purpose of Disbursement Bert Johnson, STATE HOUSE 5th MI</p> <p>Candidate Name MI Rep. Bert Johnson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32456278 <b>Date of Disbursement</b> 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 400.00</p> <p>011 Category/ Type</p> <p>Bert Johnson, STATE HOUSE 5th MI</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Hammel Leadership Fund</p> <p>Mailing Address PO Box 12073</p> <p>City Lansing State MI Zip Code 48901</p> <p>Purpose of Disbursement Richard Hammel, STATE HOUSE 48th MI</p> <p>Candidate Name MI Rep. Richard Hammel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 48</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32456280 <b>Date of Disbursement</b> 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Richard Hammel, STATE HOU- SE 48th MI</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Jim Marleau for State Senate</p> <p>Mailing Address 3181 Sandoval</p> <p>City Lake Orion State MI Zip Code 48360</p> <p>Purpose of Disbursement Jim Marleau, STATE HOUSE 46th MI</p> <p>Candidate Name MI Rep. Jim Marleau</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 46</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32456281 <b>Date of Disbursement</b> 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 450.00</p> <p>011 Category/ Type</p> <p>Jim Marleau, STATE HOUSE 46th MI</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	1350.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 116 / 131

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Citizens for John Walsh</p> <p>Mailing Address 35041 Pembroke</p> <p>City Livonia State MI Zip Code 48152</p> <p>Purpose of Disbursement John Walsh, STATE HOUSE 19th MI</p> <p>Candidate Name MI Rep. John Walsh</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 19</p>	<p>Transaction ID: 32456282</p> <p>Date of Disbursement 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 450.00</p> <p>011 Category/ Type</p> <p>John Walsh, STATE HOUSE 19th MI</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Martin Nesbitt for Senate</p> <p>Mailing Address 29 North Market Street 7th Floor</p> <p>City Asheville State NC Zip Code 28801</p> <p>Purpose of Disbursement Martin Nesbitt, STATE SENATE 49th NC</p> <p>Candidate Name NC Sen. Martin Nesbitt, Jr.,</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District:</p>	<p>Transaction ID: 32469634</p> <p>Date of Disbursement 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Martin Nesbitt, STATE SEN- ATE 49th NC</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) Dan Blue for Senate</p> <p>Mailing Address 4917 Long Point Court</p> <p>City Raleigh State NC Zip Code 27604</p> <p>Purpose of Disbursement Dan Blue, STATE SENATE 14th NC</p> <p>Candidate Name NC Sen. Dan Blue</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District:</p>	<p>Transaction ID: 32469636</p> <p>Date of Disbursement 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Dan Blue, STATE SENATE 14- th NC</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1450.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b>	Full Name (Last, First, Middle Initial) Don Vaughan for Senate  Mailing Address 612 West Friendly Avenue  City Greensboro State NC Zip Code 27401  Purpose of Disbursement Don Vaughan, STATE SENATE 27th NC Candidate Name NC Sen. Don Vaughan Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	<b>Transaction ID:</b> 32469638 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	Amount of Each Disbursement this Period 500.00  Don Vaughan, STATE SENATE 27th NC
<b>B.</b>	Full Name (Last, First, Middle Initial) Phil Berger for Senate  Mailing Address PO Box 1309  City Eden State NC Zip Code 27289  Purpose of Disbursement Philip Berger, STATE SENATE 26th NC Candidate Name Senator Philip Berger Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	<b>Transaction ID:</b> 32469640 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	Amount of Each Disbursement this Period 500.00  Philip Berger, STATE SENA- TE 26th NC
<b>C.</b>	Full Name (Last, First, Middle Initial) Hugh Holliman for NC House  Mailing Address P.O. Box 588  City Lexington State NC Zip Code 27293  Purpose of Disbursement Lindsey Holliman, STATE HOUSE 81st NC Candidate Name Representa Lindsey Holliman Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 81	<b>Transaction ID:</b> 32469641 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 1 4 / 2 0 1 0	Amount of Each Disbursement this Period 500.00  Lindsey Holliman, STATE HOUSE 81st NC

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1500.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pricey Harrison for House</p> <p>Mailing Address PO Box 9339</p> <p>City Greensboro State NC Zip Code 27429</p> <p>Purpose of Disbursement Pricey Harrison, STATE HOUSE 57th NC</p> <p>Candidate Name NC Rep. Pricey Harrison</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 57</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32469643 <b>Date of Disbursement</b> 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Pricey Harrison, STATE HO- USE 57th NC</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Rick Glazier for House</p> <p>Mailing Address PO Box 87047</p> <p>City Fayetteville State NC Zip Code 28405</p> <p>Purpose of Disbursement Rick Glazier, STATE HOUSE 45th NC</p> <p>Candidate Name NC Rep. Rick Glazier</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 45</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32469648 <b>Date of Disbursement</b> 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Rick Glazier, STATE HOUSE 45th NC</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Paul Stam for House</p> <p>Mailing Address PO Box 1600</p> <p>City Apex State NC Zip Code 27502</p> <p>Purpose of Disbursement Paul Stam, STATE HOUSE 37th NC</p> <p>Candidate Name NC Rep. Paul Stam, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 37</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32469649 <b>Date of Disbursement</b> 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Paul Stam, STATE HOUSE 37- th NC</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2000.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 119 / 131

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Pete Brunstetter for Senate</p> <p>Mailing Address One West Fourth Street</p> <p>City Winston-Salem State NC Zip Code 27101</p> <p>Purpose of Disbursement Peter Brunstetter, STATE SENATE 31st NC</p> <p>Candidate Name NC Sen. Peter Brunstetter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32469773 <b>Date of Disbursement</b> 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Peter Brunstetter, STATE SENATE 31st NC</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Joe Hackney for House</p> <p>Mailing Address PO Box 1329</p> <p>City Chapel Hill State NC Zip Code 27514</p> <p>Purpose of Disbursement Joe Hackney, STATE HOUSE 54th NC</p> <p>Candidate Name Representa Joe Hackney</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 54</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32469776 <b>Date of Disbursement</b> 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Joe Hackney, STATE HOUSE 54th NC</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Verla Insko for House</p> <p>Mailing Address 610 Surry Road</p> <p>City Chapel Hill State NC Zip Code 27514</p> <p>Purpose of Disbursement Verla Insko, STATE HOUSE 56th NC</p> <p>Candidate Name Representa Verla Insko</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 56</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 32469778 <b>Date of Disbursement</b> 10 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p> <p>Verla Insko, STATE HOUSE 56th NC</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

1500.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 120 / 131

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

A.	Full Name (Last, First, Middle Initial) Thom Tillis for House  Mailing Address 17209 Green Dolphin Lane  City Cornelius State NC Zip Code 28031  Purpose of Disbursement Thom Tillis, STATE HOUSE 98th NC Candidate Name NC Rep. Thom Tillis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 98 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32469781 Date of Disbursement 10 / 14 / 2010  Amount of Each Disbursement this Period 500.00  Thom Tillis, STATE HOUSE 98th NC
B.	Full Name (Last, First, Middle Initial) Jeff Barnhart for House  Mailing Address PO Box 246  City Concord State NC Zip Code 28026  Purpose of Disbursement Jeffrey Barnhart, STATE HOUSE 82nd NC Candidate Name NC Rep. Jeffrey Barnhart Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 82 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32469784 Date of Disbursement 10 / 14 / 2010  Amount of Each Disbursement this Period 500.00  Jeffrey Barnhart, STATE HOUSE 82nd NC
C.	Full Name (Last, First, Middle Initial) Dale Folwell for House  Mailing Address 299 South Westview Drive  City Winston Salem State NC Zip Code 27104  Purpose of Disbursement Dale Folwell, STATE HOUSE 74th NC Candidate Name NC Rep. Dale Folwell Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 74 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32469785 Date of Disbursement 10 / 14 / 2010  Amount of Each Disbursement this Period 500.00  Dale Folwell, STATE HOUSE 74th NC

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Tom Apodaca for Senate Mailing Address 1504 Fifth Avenue West City Hendersonville State NC Zip Code 28739 Purpose of Disbursement Tom Apodaca, STATE SENATE 48th NC Candidate Name NC Sen. Tom Apodaca Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32502697 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00 Tom Apodaca, STATE SENATE 48th NC

<b>B.</b> Full Name (Last, First, Middle Initial) Fletcher Hartsell for Senate Mailing Address PO Box 368 City Concord State NC Zip Code 28026 Purpose of Disbursement Fletcher Hartsell, STATE SENATE 36th NC Candidate Name Senator Fletcher Hartsell, Jr. Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32502698 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00 Fletcher Hartsell, STATE SENATE 36th NC

<b>C.</b> Full Name (Last, First, Middle Initial) Bill Purcell for Senate Mailing Address 1301 Dunbar Drive City Laurinburg State NC Zip Code 28352 Purpose of Disbursement William Purcell, STATE SENATE 25th NC Candidate Name Senator William Purcell Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 32502699 Date of Disbursement M M / D D / Y Y Y Y 1 0 / 2 0 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00 William Purcell, STATE SENATE 25th NC

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

**A.** Full Name (Last, First, Middle Initial)  
Bill Schuette for Attorney General

Mailing Address PO Box 27188

City Lansing State MI Zip Code 48909

Purpose of Disbursement  
, Attorney General

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 32522949  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

, Attorney General

**B.** Full Name (Last, First, Middle Initial)  
UnitedHealth Group Inc Political Action Committee of Iowa

Mailing Address 9900 Bren Road East

City Minnetonka State MN Zip Code 55343

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID: 32576459  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
Thom Tillis for House

Mailing Address 17209 Green Dolphin Lane

City Cornelius State NC Zip Code 28031

Purpose of Disbursement  
Thom Tillis, STATE HOUSE 98th NC

Candidate Name  
NC Rep. Thom Tillis

Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼

State: NC District: 98

Transaction ID: 32576460  
Date of Disbursement

/  /

Amount of Each Disbursement this Period

Thom Tillis, STATE HOUSE  
98th NC

**SUBTOTAL** of Disbursements This Page (optional) .....

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 124 / 131

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UnitedHealth Group Incorporated PAC (United for Health)

A.

Full Name (Last, First, Middle Initial)

Pricey Harrison for House

Mailing Address PO Box 9339

City  
Greensboro

State  
NC

Zip Code  
27429

Purpose of Disbursement  
Void - Pricey Harrison for House

Candidate Name  
NC Rep. Pricey Harrison

Office Sought:  House  
 Senate  
 President

State: NC District: 57

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 32576476

Date of Disbursement

/  /

Amount of Each Disbursement this Period

Void - Pricey Harrison for House

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 125 / 131

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Carper For Senate</p> <p>Mailing Address 19 East Commons Blvd Second Floor</p> <p>City New Castle State DE Zip Code 19720</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Sen. Thomas R. Carper</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: DE District:</p>	<p><b>Transaction ID:</b> 32510003 <b>Date of Disbursement</b> 10 / 24 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Nelson 2012</p> <p>Mailing Address PO Box 8666</p> <p>City Omaha State NE Zip Code 68108</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Sen. Ben Nelson</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NE District:</p>	<p><b>Transaction ID:</b> 32510004 <b>Date of Disbursement</b> 10 / 24 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1500.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mark Pryor For Us Senate</p> <p>Mailing Address PO Box 2720</p> <p>City Little Rock State AR Zip Code 72203</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Sen. Mark L. Pryor</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District:</p>	<p><b>Transaction ID:</b> 32510005 <b>Date of Disbursement</b> 10 / 24 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2500.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;">6500.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px; display: inline-block;"> </span>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 126 / 131

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

A.	Full Name (Last, First, Middle Initial) Udall For Colorado	Transaction ID: 32510006 Date of Disbursement
	Mailing Address PO Box 40158	<input type="text" value="10"/> <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="24"/> <input type="text" value="D"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
	City Denver State CO Zip Code 80204	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Mr. Mark Udall	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Ron Johnson for Senate	Transaction ID: 32510008 Date of Disbursement
	Mailing Address P.O. Box 1159	<input type="text" value="10"/> <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="24"/> <input type="text" value="D"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
	City Oshkosh State WI Zip Code 54903	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WI District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends Of John Barrow	Transaction ID: 32510009 Date of Disbursement
	Mailing Address PO Box 8166	<input type="text" value="10"/> <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="24"/> <input type="text" value="D"/> / <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
	City Savannah State GA Zip Code 31412	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="2500.00"/>
	Candidate Name Rep. John Barrow	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 12	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

A.	Full Name (Last, First, Middle Initial) Bright For Congress	Transaction ID: 32510010 Date of Disbursement 10 / 24 / 2010
	Mailing Address P.O.Box 2106	Amount of Each Disbursement this Period 1500.00
	City Montgomery State AL Zip Code 36102	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Mr. Bobby Bright	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Childers For Congress	Transaction ID: 32510011 Date of Disbursement 10 / 24 / 2010
	Mailing Address PO Box 177	Amount of Each Disbursement this Period 1000.00
	City Booneville State MS Zip Code 38829	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Travis Wayne Childers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Kissell For Congress	Transaction ID: 32510012 Date of Disbursement 10 / 24 / 2010
	Mailing Address P.O. Box 1530	Amount of Each Disbursement this Period 1000.00
	City Biscoe State NC Zip Code 27209	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Rep. Larry Kissell	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Frank Kratovil For Congress</p> <p>Mailing Address 222 Main Sail Drive PO Box 518</p> <p>City Stevensville State MD Zip Code 21666</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Frank M. Kratovil, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MD District: 01</p>	<p><b>Transaction ID:</b> 32510013 <b>Date of Disbursement</b> 10 / 24 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">500.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mike McMahon For Congress</p> <p>Mailing Address 66 Arnold Street</p> <p>City Staten Island State NY Zip Code 10301</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Mr. Michael McMahon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 13</p>	<p><b>Transaction ID:</b> 32510014 <b>Date of Disbursement</b> 10 / 24 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">500.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Glenn Nye</p> <p>Mailing Address PO Box 68444</p> <p>City Virginia Beach State VA Zip Code 23471</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Mr. Glenn Nye</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 02</p>	<p><b>Transaction ID:</b> 32510015 <b>Date of Disbursement</b> 10 / 24 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

2000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 129 / 131

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Heath Shuler for Congress</p> <p>Mailing Address 38 Ivy Street, SE</p> <p>City Washington State DC Zip Code 20004</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Heath Shuler for Congress</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District: 11</p>	<p><b>Transaction ID:</b> 32510016 <b>Date of Disbursement</b> 10 / 24 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ike Skelton For Congress Committee</p> <p>Mailing Address P.O. Box A</p> <p>City Harrisonville State MO Zip Code 64701</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. Ike Skelton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 04</p>	<p><b>Transaction ID:</b> 32510017 <b>Date of Disbursement</b> 10 / 24 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">1000.00</span></p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dave Camp For Congress 2010</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement <span style="float: right; border: 1px solid black; padding: 2px;">011</span> Category/ Type</p> <p>Candidate Name Rep. David Lee Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 04</p>	<p><b>Transaction ID:</b> 32510018 <b>Date of Disbursement</b> 10 / 24 / 2010</p> <p>Amount of Each Disbursement this Period <span style="border: 1px solid black; padding: 5px; display: block; text-align: center;">2000.00</span></p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<span style="border: 1px solid black; padding: 5px; display: block;">4000.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 5px; display: block;"> </span>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 130 / 131

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

A.	Full Name (Last, First, Middle Initial) Cantor For Congress	Transaction ID: 32510019 Date of Disbursement 10 / 24 / 2010
	Mailing Address P. O. Box 17813	Amount of Each Disbursement this Period 2000.00
	City Richmond State VA Zip Code 23226	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Eric I. Cantor	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cathy McMorris Rodgers For Congress	Transaction ID: 32510020 Date of Disbursement 10 / 24 / 2010
	Mailing Address Box 137	Amount of Each Disbursement this Period 1500.00
	City Spokane State WA Zip Code 99210	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Cathy McMorris Rodgers	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ryan For Congress	Transaction ID: 32510021 Date of Disbursement 10 / 24 / 2010
	Mailing Address P. O. Box 1919	Amount of Each Disbursement this Period 2000.00
	City Janesville State WI Zip Code 53547	
	Purpose of Disbursement	011 Category/ Type
	Candidate Name Rep. Paul D. Ryan	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 131 / 131

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
UnitedHealth Group Incorporated PAC (United for Health)

<b>A.</b> Full Name (Last, First, Middle Initial) Chris Lee For Congress <hr/> Mailing Address PO Box 15395 <hr/> City Rochester State NY Zip Code 14615 <hr/> Purpose of Disbursement <hr/> Candidate Name Mr. Christopher Lee <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 26 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 32510022 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 4 / 2 0 1 0
	Amount of Each Disbursement this Period 1500.00
	011 Category/ Type
<b>B.</b> Full Name (Last, First, Middle Initial) Frank Kratovil For Congress <hr/> Mailing Address 222 Main Sail Drive PO Box 518 <hr/> City Stevensville State MD Zip Code 21666 <hr/> Purpose of Disbursement <hr/> Candidate Name Rep. Frank M. Kratovil, Jr. <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 32510106 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 1 0 / 2 5 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	011 Category/ Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

2000.00

**TOTAL** This Period (last page this line number only) ..... ►

32000.00